

Linkages, “synergies and cross-over of ideas”

An Oral Presentation at the Pre-Congress Workshop
on Community-Based Rehabilitation (CBR) and
Mental Health

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Session 3

Learning materials and ‘capacity building’
“Mutual Resource Enhancement” – D.M. Naidu

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Introduction

Explanation of terms:

- “Cross-over of ideas”
- “Synergies” – Chris Underhill
- “Linkages” – linked programmes – South Africa and Asia

CBR and Mental Health are for developing a caring society

Why are we together?

- Discuss conceptual developments - the biomedical model towards social and human rights model and
- Share experiences acquired in the post-disaster restoration, home-based care as related to persons with psychosocial problems, HIV/AIDS clients, chronic disorders – leprosy, stroke, problems related to poverty, unemployment, violence, etc.

Training and capacity building
- mutual resource enhancement -

Major strategic areas of CBR and CMH

- In implementing policies, plans and programmes through community based interventions for and with the persons with various disabilities we are developing training modules, offer training packages and up-scale systems of care and development
- The purpose of my presentation is to reflect on some practical experiences as related to training programmes in community mental health I have been involved in Africa and in Asia in governmental as well as NGO activities.

1. Emphasis on stress and social theory vs.
vulnerability

- Stress theory vs. individual vulnerability or biomedical theory. The huge experience recently accumulated in the areas of post-catastrophe psychosocial care brought stress and trauma once again into the focus of international attention.

2. Context and resilience vs. bio-medical diagnosis

- ICD and DSM systems translated into the common perceptions of mental disorders – Vikram Patel, WTNP
- Diagnosis vs. context - individual, family and community resilience. Caregivers and counselors in the fields of stress and trauma are aware that those with psycho-social problems often experience a less labeling perception of mental disorders at community level; they accept the term of „stress related”. At grassroots level people with mental disorders prefer to go to stress and trauma counselors instead of institutions labeled "psychiatric".

- Might this be an indication of a paradigm shift in front line mental health care? With a cautious suggestion may we say that the comprehensive manuals on stress, if augmented by the management of stresses in other contexts, and if giving a front line understanding of the priority mental health conditions (which often occur as complications or comorbidity in stress related disorders), might provide for a refreshed approach in community psychiatry.

- We observed that in workshops and seminars on stress and trauma healing, participants easily understood stresses in other contexts and were eager to have a deeper understanding of general mental health, a basic knowledge important at the community level. Primary mental health issues can be discussed either in the same context as stress and trauma healing, or in a separate course.

- The natural catastrophe of the tsunami and man-made major societal crisis situations, stresses brought about by domestic violence and abuse, war and refugee situations, though tragic and horrific they are, might offer an opportunity for mental health professionals to reach more of the mentally disabled people under the stress and trauma healing, as a new paradigm in the grassroots level of community mental health care.

3. The “wounded healer” experience of caregivers

- We have included care for the caregivers, “burnout” issues into the training programmes. This brought together service users and caregivers. The common values and experiences connected us and a renewed empowerment developed.
- The term of “wounded healer” captures the important experiential component of caregivers’ identity. – Karl and Evelyn Bartsch

3.1. Explore why you are a healer

We become healer/caregiver for many reasons:

- To get a job.
- A way to get ahead.
- Respect, self-esteem, money, power and status.

There are deeper motivations:

- Genuine desire to care for other people.
- God’s call to serve.
- Because of recovering from traumas and discovering courage, faith and hope – to make a better future, etc...

3.2. Understand yourself as a healer

These are other aspects about ourselves that affect us as healers:

- Personal and social identity.
- Our frame of mind as a caregiver.
- Know your helping style.
- Know your skills

3.3. Take care of yourself as a caregiver/healer

- Story of “The mother who tried to save her child from the flood”;
- Because you are worthy taking care of;
- Because unless you take care of yourselves you will not be helpful to others.

3.4. Sources of burnout – compassion fatigue

- ❏ Excessive demands from others and from myself
- ❏ Uncertainty about where to start and where to end
- ❏ No sharing of experiences of personal danger
- ❏ Anger at authorities for failing to provide justice and equity
- ❏ Conflict and tension with fellow caregivers
- ❏ Lack of institutional/supervisory support
- ❏ Loss of self-esteem due to relationship failures
- ❏ Caregiver's own family in conflict or with problems
- ❏ Other

Our healing/helping style

The caregiver's Trap - A -

- ❏ The trap occurs when we make the switch from being a nurturing caregiver to becoming a victim and then a critical judge.
- ❏ When overwhelmed, the rescuer becomes victim, when frustrated and tired of hurting, the rescuer/victim becomes prosecutor.
- ❏ To get out of the trap – each of us need other sources for our identity, other than being healers (get away from the constancy of being helpers); we should take charge of ourselves, and stop and think for a while.

The caregiver's Trap - B -

- Four negative styles of helping:
 - ✓ The rescuing helpers – they want a quick solution;
 - ✓ The angry helpers – they have strong motivation to right the wrongs and in the process they distance themselves from the victims;
 - ✓ The managing helpers – they think, plan and organize, the victim's feelings scare them; the victims personally and emotionally are left out;
 - ✓ The helpless helpers – will be victimized.

Our skills in healing

Be an adult wounded healer, know and improve your skills

- Communication skills – listening, speaking skills, with your ear, eye, heart with undivided attention.
- Organizational skills – education, group process, when to refer; know your limits – what you can and what you cannot do.
- Conflict resolution and mediation skills – between individuals, family members, communities.
- Learn skills to work with special populations – children, teenagers, elderly, disabled, unemployed, alcoholics, etc.

4. Prepare for supervision and referral

- Involve locally available resource persons in training and supervision of mental health work.
- Working in CBR or community mental health often requires a change of attitude for mental health professionals. They must learn to move away from their learned role and be ready to work together with non-professionals such as users, families, communities, PHC personnel and CBR volunteers.

5. Training at various levels in a system of referral

- Organize trainings together with the public health system at several levels: for community volunteers and CBR staff, for nurses and physicians in primary health care.
- Train also psychiatric nurses and mental health professionals.
- Collaborate with traditional and spiritual healers with utmost cultural sensitivity training workshops to be offered to them.

6. Knowledge vs. attitude and management

- Knowledge should be concise and clear but teach attitudinal and managerial skills. Bring in values, reasons for living and reasons for optimism.
- Foster empathy and teamwork.
- Contextualize training knowledge.

7. Teach empowerment, rights and responsibilities

- Train community promoters in mental health issues; how to identify signs and symptoms of the most common psychosocial problems, how to support people and when to refer. Incorporate local understandings and problem solving into training.
- Identify community volunteers interested. These may be recovered users, family members, CBR and PHC promoters and other respected community members who are ideally elected and supported by their community.
- In summary: Through “mutual resource enhancement” strengthen the sustainable network of compassion and competence in our troubled world.

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