The Use of Role Theory in Developing Mental Health Support Workers

BY CARIL COWAN

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Introduction

In New Zealand the role of mental health support worker emerged following the closure of the psychiatric hospitals along with a move to community care for people with severe and persistent mental illness. With these changes came a call for community support for people with mental illness from 'non-professionals'.

Prior to 1992 a scattering of non-governmental organisations were providing a few supported homes within the community. These were run largely on a voluntary or low-paid basis and commonly referred to as halfway houses.

Changes in the health policy and funding over 1992–6 saw increased government funding and an expansion of supported housing and community support services. As the use of an 'untrained' workforce was seen as the most affordable option, the position of mental health support worker was established.

Initially there was no educational preparation for people taking up this work. But it quickly became clear that to do this job adequately would take more than a good heart. (Falloon, 1992:3). To train this new group in the mental health workforce the National Certificate in Mental Health (Mental Health Support Work) was developed by the New Zealand Qualifications Authority, and offered for the first time in 1998. The national certificate is a pre-degree qualification which aims to develop basic skills, knowledge and attitudes for mental health work.

I was employed at the Auckland University of Technology to establish this program. In response to requests from students and health

sector workers I have since also been involved in developing a Diploma in Mental Health – a one-year undergraduate program. It is anticipated that this Diploma will be incorporated into a full undergraduate degree.

I have found in this work that the application of role theory assists me to maintain positive tele with the students and a strong warm-up to my work. This in turn has assisted in the role development of students. This paper discusses my understanding of how I apply role theory in the educational preparation of mental health support workers.

The Role of Mental Health Support Worker

People working as mental health support workers support people living in the community with severe and persistent mental illness. This includes people living independently and those living in supported housing and residential rehabilitation services.

Some literature refers to these workers as 'carers', aligning them with the roles played by family/whanau/friends. However, their role is different from that of a family member. Family members have little choice in their involvement with their mentally ill relative and yet they have their own career/life to create and maintain. In comparison, the support worker chooses to work and receives pay for the support they give. They have their own family and life and are likely to move on from this position and the people they are supporting to other roles. They may even choose to change careers.

There are conflicting expectations about the role of mental health support workers. Clinical staff expect support workers to enforce compliance with medical orders, making people take their medication, monitoring their signs of illness and calling the acute services when required. Members of the public have an unrealistic fear of violence from people with mental illness and want mental health support workers to ensure public safety. Both groups expect mental health support workers to take a custodial role.

The people who receive the support services have a high level of social disability related to their mental illness. Recently the mental health services have been challenged largely by consumers to focus on recovery (Mental Health Commission, 1998). 'Recovery' refers to the individual journey people make to recreate their lives following mental health crises. This view is endorsed by the Health Funding Authority which pays for rehabilitation services.

The role of support workers is to assist people with severe and persistent illness through their daily life, maximising their independent functioning. The role is not therapy but support. It requires the ability to be present with others in all their states of existence in life. It calls for excellent communication skills and a strong sense of self. It also requires an understanding of how society functions and the ability to guide people to understand where and how they can find their place in society.

Support workers require enough knowledge of mental illness to guide people to understand their life experience and to learn/accept what they need to do to re-create their lives. In re-creating their lives people need to make their own sense of the lived experience of the symptoms attributed to the mental illness (such as hearing or seeing things that others don't hear, feeling invincible or not sleeping). This role required of the mental health support worker is that of therapeutic guide.

There is an obvious and unresolved tension between these two expectations. One is a custodial role, ensuring compliance and safety. The other role is that of therapeutic guide to the person living through each day with the effects of a mental illness.

My Warm-Up

Several factors have led to my passion for working in mental health and more latterly in workforce development. I had an aunt who spent all her adult life within the old custodial mental health system. As a child I was part of family visits to her in Oakley Hospital, the psychiatric asylum for Auckland. Prior to and

after these visits my mother would agonise about the necessity for her sister-in-law to live in such conditions. The impact on me contributed to a passion to create enabling environments and support for people with severe and persistent mental illness. I take this passion into my work with students who are entering the mental health workforce.

I am always striving to find better and more effective methods to assist the students in their journey working in mental health. The application of role theory in this educational setting has expanded my satisfaction and effectiveness in the classroom. I am now delighted to share with you some of my insights. I hope that you will be stimulated and expanded in your thinking and understanding of the application of role theory.

My awareness of the roles displayed by students and the process of fostering role development have developed over time and with active use of supervision. Time and again I have taken to supervision my frustrations at the resistance to learning I have experienced from students. I would set a learning exercise and see the students freeze. I would patiently explain, demonstrate, use the moment, do all I could in action, maximising the learning opportunities. But the assignments showed that students had not learnt. I have felt helpless, hopeless, frustrated and angry. Patiently and insistently my supervisor has coached me into the application of role theory; and to see even the most challenging of students have the potential to grow. This has helped me to see the growing edge of students, to rejoice in their movement and growth and to be progressive in my functioning with them.

The Students and Their Psychodramatic Roles

This program for adults who wish to work in mental health aims to augment their life experience with sufficient knowledge and skills, and to foster the attitudes required, for working as support workers. The students come to study in this program with a variety of warm-ups.

Some students are eager to do good work, improving the mental health services and/or improving the lives of people using the services. They may have experienced mental ill-health themselves or have a family member who has a mental illness.

Others have worked in mental health for some time. They have gained experiential knowledge and believe that they do not require any more knowledge to work expertly in their role. They are required by their employer to do this program.

Some students are using this program as part of their path to recovery, following a sometimes long journey through the mental health services.

Most, if not all students, have experienced formal education as unpleasant. They have not succeeded in formal education and have been shamed for being unintelligent.

Maori and Pacifika students, living with institutional racism, have learnt to hide their true selves. Their knowledge and the knowledge of their culture has been denigrated over many generations, in education, health, business and the media. These institutions are organised according to, and perpetuate, the dominant culture. It is the expectation of Maori and Pacifika students that this experience will continue in the program. It is, of course, offered in a Pakeha/Palangi (Anglo-Celtic) university with Pakeha/Palangi lecturers.

These various warm-ups in the classroom can be summarised in psychodramatic terms as in the table below:

World Saviour
Mental Health Expert
Psych Patient
Dunce in the Corner
Cultural Survivor

TABLE 1

To understand in more depth the experiences brought into the classroom by students, each of these psychodramatic roles is expanded below and organised into three groups – fragmenting, coping and progressive roles. Fragmenting roles

are the falling-apart behaviour that we all have as an individualised expression within us. The coping roles are the behaviours we develop to suppress or cover up the fragmenting experience. Coping roles are frequently overdeveloped. To begin to realise our creative, spontaneous selves we develop varying degrees of progressive functioning. Each of the role categories can be further classified as absent, embryonic, adequate or overdeveloped. (Clayton, 1992, Hucker, 1999).

WORLD SAVIOUR

Progressive Roles	Coping Roles	Fragmenting Roles
Active Knowledge Seeker	Righteous Anger	Horrified Hades Dweller
Self Believer	Conscientious Battler	Bedlam Inmate
Active Skill Developer	Eager Learner	
Systems Analyst	Critical Learner	

COLONISED SURVIVOR

Progressive Roles (embryonic)	Coping Roles (overdeveloped)	Fragmenting Roles
Self Accepter/Lover	Self Denier	Annihilation Anticipater
Creative Link Maker/Artist	Defensive Self Protector	
Brave Open Contributor	Right Answer Seeker	

MENTAL HEALTH EXPERT

Progressive Roles (embryonic)	Coping Roles (overdeveloped)	Fragmenting Roles
Self Lover	Knowledge Imposer	Shamed Non-Knower
Creative Artist	Disruptive Know-All	
Knowledge Seeker	Smart Analyser	
	Associate Lecturer	

PSYCH PATIENT

Progressive Roles (embryonic)	Coping Roles	Fragmenting Roles
Self Believer	Illness Denier	Embodied Madness
Self Lover	*Or: Overdeveloped*	
Self Knowledge Valuer	Discloser of Illness	
Creative Artist	Expert Over-User of Mental Health Services	
Active Learner	Disruptive Know-All	

DUNCE IN THE CORNER

Progressive Roles	Coping Roles	Fragmenting Roles
Knowledge Seeker	Conscientious Scholar	Embodied Stupidity
Skill Developer	Obedient Student	
Critical Thinker	Right Answer Seeker	
Self Believer	Teacher's Pet	

TABLE 2

Role Development through the Educational Process

In all early contact with prospective students the Department and the University aim to foster the development of a positive warm-up to study and to working in the mental health workforce. Staff are asked to consider whether their contact will foster a prospective student's desire to work in mental health by studying on the program. Advertising, brochures, letters and telephone answering systems have been established to foster a positive warm-up. The director/lecturer actively fosters positive tele with the students.

There is a serious shortage of Maori and Pacifika peoples in the mental health workforce. Contact with the University is designed to indicate our intention to make the educational setting a place Maori and Pacifika people can feel welcome and safe enough to learn. There is a Powhiri (greeting ceremony) on the first day. All study days open and close with a karakia (blessing) and waiata (song). The director/lecturer uses the roles of resource accesser, open accepter, cultural difference acknowledger and valuer, and bi-cultural/multicultural fosterer. The Department has a Maori Liaison officer whose role it is to support Maori to adjust to the demands of study and the Pakeha educational system. She acts as a resource for the Pakeha lecturers.

The warm-up fostered in class is to the journey that students are sharing on this program; to learning together; to making links with the developing community of mental health support workers and the larger mental health workforce. Students are encouraged in class to see themselves as people who know and who have valuable knowledge to share and to expand.

The major difference between formal and non-formal learning is the assessment process. Students' fear of being judged and their fear of failure/shame/ridicule is overdeveloped to a disabling extent when assessments are to be presented. In class, this is re-framed. Assignments are learning tools to extend and clarify our thinking. The importance of congruence with colleagues' thinking and refereeing of journal articles is discussed. Marking sheets are feedback sheets. Feedback on assignments is a tool for the students to learn that their thinking and expression is clear, that they are using the knowledge available and expected of them in working in mental health. The director/lecturer is in the role of coach and wise guide.

Application in the Classroom

Classroom sessions are places of active learning. To foster the progressive role development of students, a myriad of active learning techniques are used. I will describe one session which I found demanded a high level of spontaneity. I enjoyed this opportunity to foster learning and role development. The session addressed the fragmenting role of fear of failure/shame/ridicule/persecution and fostered the progressive role of active knowledge seeker.

Students frequently stumble over the need to use literature. Their learning from reading is underdeveloped. The expectation to use at least three references in each assignment frightens many students. Students frequently think that their statements should be sufficient without qualification, or that they do not need to acknowledge the people who have developed concepts or reported research. In the session described below I used concretisation to demonstrate the value of referring to literature.

One student was chosen to represent the generic mental health support worker. A chair represented a challenging situation where the mental health support worker was out of their depth. They needed more knowledge, insight and skill. They turned around and asked for help. Several students were chosen to represent authors. The books written by these authors were placed in their hands. One person represented a Kaumatua (male Maori elder) as a speaker at a hui (conference). The director went to each person representing an author and valued the specific insights, knowledge and skill they had contributed to working in mental health. The generic mental health support worker was invited to use these books and the

report from the hui.

A student in the audience asked with some astonishment why the worker would not speak directly to each person who had written the books. Without the application of role theory, I would likely have been astonished at this lack of appreciation of the value of the literature. I could have enhanced the fragmenting experience of education these students bring to the classroom. In the role of knowing scholar I could have invoked the fragmenting roles of the useless failure, persecuted victim or crazy non-knower (see Table 2).

In the classroom setting, I have often struggled to assist all the students to maintain a positive warm-up to both studying and working in the mental health services. It has been easy for me to take a superior role of knowledgeable lecturer, and foster the reactive role of inferiority in the student. In the example above I could have dictated the program requirements, or perhaps have been disparaging of students' inability or reluctance to use references.

Instead, I responded to the knowledge gap made so obvious in action. I helped to make the use of learning from reading and conferences live for the students. Each author was placed geographically (most do not live in Auckland), in time (some are very old or have died) and personal considerations given (one has lived with schizophrenia for several decades). This created new insight about the availability to students of established knowledge available to them. It fostered the progressive roles of active learner, knowledge seeker and acknowledger of expertise.

Valuer of Each Student
Identifier of the Growing Edge in People
Creative Actor/Director
Coach
Wise Guide

TABLE 3: ROLES USED BY THE LECTURER

Support workers require enough knowledge of mental illness to guide people to understand their life experience and to learn/accept what they need to do to re-create their lives.

Conclusion

By using role theory I have been able to appreciate some of the deeper issues for the students. By thinking about the psychodramatic roles they have brought with them to the classroom, I have increased my understanding of their functioning as students and mental health support workers. This has increased my progressive functioning as lecturer/director and has in turn fostered greater role development in the students.

References

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