Training and employment of consumer provider employees in Dutch mental health care

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Abstract (220 words)

Objective: This article describes the results of a qualitative study on the training and employment of consumer provider employees in Dutch mental health care.
Methods: The authors used semi-structured interviews with students, graduates/employees, teachers, team managers and colleagues to assess their experiences with the college program and the integration in the mental health teams. The interviews were analyzed using the qualitative data analysis computer program MaxQda.
Results: The college program succeeds in preparing the consumer students for their role as consumer provider employees in mental health teams. In the peer support and recovery program and additional hours supervision, the students learn how to develop their recovery story and how to apply their experiences in practice. Most students and graduates are functioning well and feel integrated in the mental health teams. However they experience certain dilemmas in their work, e.g. how to criticize colleagues, what to tell colleagues about their background, how to deal with dual relationships with clients, how to keep appropriate distance, and how to retain their unique perspective as consumers.
Conclusions: To improve the process of employing consumer provider employees, teams should inform staff members on the role and duties of consumer providers, coach consumer providers on specific dilemmas, provide training in conflict resolution skills, and appoint more than one consumer provider in the team.

Key words: consumer provider employees, college program, employment, qualitative research

Introduction

In 2008 Dutch mental health care counted about 250 consumer providers in paid employment. Consumer providers are individuals with serious mental illness who are trained to use their experiences to provide recovery-oriented services and to support others with mental illness in a mental health delivery setting (Chinman e.a., 2008). Mowbray and Moxley (1997) described four types of consumer involvement in mental health services: consumer-run alternatives, self-help alternatives, consumer initiatives and consumer provider employees.

Consumer provider employees are employed to provide services through a formal organization, often a mental health organization. The idea behind this model is that consumers have a right to employment as service deliverers within mental health programs and that they can bring to these roles a motivation, sensitivity, empathy and understanding that workers with only formal professional training and attitudes cannot (Mowbray and Moxley, 1997). Consumer provider employees can fill designated unique peer positions (e.g. peer support specialists) as well as traditional mental health positions (e.g. casemanagers). Solomon (2004) uses the term 'prosumer' to refer to a person who is both an individual with psychiatric disorder and a professional, but must self identify as an individual with a severe psychiatric disorder.

Crucial element in consumer provided services is peer support, a system of giving and receiving help founded on key principles of respect, shared responsibility and mutual agreement of what is helpful. It is about understanding another's situation emphatically through the shared experience of emotional and psychological pain (Mead e.a., 2001). The shared experience is also on the position of receiving care and all the other consequences as loss of jobs, relations etc.
The reciprocity of support depends on the role of the consumer provider: the relationship will be more symmetrical for consumer providers in mutual support groups than in conventional services (Davidson e.a., 2006).

As consumer provider employees gain acceptance in mental health services, specialized training programs are needed to equip consumers with skills for service provision. So far little is known about the impact of consumer provider training programs on students. Research with students in the Kansas Consumer as Provider (CAP) training program found significant differences in students' perception of hope, self-esteem and recovery after the 15-week program (Ratzlaff e.a., 2006). Hutchinson e.a. (2006) examined the effect of a 60-hour, 5-week peer provider training program on the personal and vocational recovery of peer providers. After the training, participants experienced gains in perceived empowerment, attitudes toward recovery and self-concept. Also the employability of participants improved: 89% of those trained retained employment at 12 months.

This article describes the results of a qualitative study on the training and employment of consumer provider employees in Dutch mental health care. The study focused on two questions: whether the college program for consumer provider employees succeeds in preparing the consumer students for their role as a consumer provider employee and how the students and graduated are functioning in the mental health teams. We start with a description of the college program for consumer provider employees.

College program for consumer provider employees
The two-year college program for consumer provider employees was developed by ROC Zadkine Rotterdam, a post-secondary educational institution for vocational education, adult education, and training for all people over the age of 16. The educational programs that the college offers aim to qualify people for the demands of the labor market, thus enhancing their opportunities for a better position in society.

The two-year program for consumer provider employees in mental health care is a regular and accredited education program for mental health workers. The curriculum has two

specialializations: housing support worker and activity leader. The program consists of regular courses and special courses for consumer students.

The regular program covers the following areas: social sciences, psychopathology (course, symptoms and treatment of mental illness), social and communication skills, methodological skills and ethical reflection, supportive skills in housing and/or activity programs, client participation, supervision, final project / thesis. The program combines classroom learning at the post-secondary educational site (8 hours a week) and internship in a (mental) health organization (19 hours a week).

The special program for consumer students consists of additional supervision (45 hours), additional hours psychopathology, and a peer support and recovery program (80 hours). The recovery program offers training on relevant skills and knowledge, e.g. using one's recovery story, the role of peer support in the recovery process, creating relationships that promote recovery, effective listening and asking questions, closeness and distance, dual relationships, and writing an empowering letter. Table 1 provides the results of the college program for consumer providers from 2006-2009.

Table 1   Results of the college program for consumer providers

	Class 1	Class 2	Class 3	Class 4	Class 5
Student enrolments	16	11	10	21	19
Graduates level 4	11	9	7	7	
Graduates level 3	3	1	0		
Drop outs	2	1	3	9	5
Not yet graduated				4	13
Other[1]	1			1	1
Paid job in mental health care	10	6	5	12	4
Paid job outside of mental health care		2	4	3	
Internship					9
Unknown	5	3	1	6	

Methods

Qualitative methods were chosen to get a deeper understanding of the perceptions of the persons concerned: students and graduates/employees, teachers, team managers and colleagues. Semi-structured interviews were conducted with twelve students and ten graduates/employees on their experiences of the college program, the connection between the college program and their work situation and their experiences as a consumer provider employee in mental health teams. Also the teachers of the college programs were interviewed about the curriculum, student's performance and improvements of the college program. Finally, semi-structured interviews were held with team managers and colleagues from seven mental health teams: Altrecht, BavoEuropoort, De Grote Rivieren, GGz Delfland, Pameijer, Parnassia en GGz Eindhoven. The interviews consisted of questions on the collaboration and teamwork, role and work performance of consumer providers, their added value for the team, and important working conditions for consumer providers. Two researchers elaborated the qualitative material and independently coded the transcripts of the interviews by using the qualitative data analysis computer program MaxQda.

Results

Experiences with the college program

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[1] Others = Still searching, other education, to first year program

The interviews with students and graduates/employees focused on the special program for consumer students consisting of additional supervision, additional hours psychopathology, and the peer support and recovery program.

Graduates almost all participated in the first and second class of the college program, when the peer support and recovery program was limited to three days instead of ten. According to some graduates, three days were not sufficient for them to use their experiences to provide recovery-oriented services:

'In the beginning I was too much trained as a professional (..). How to use my own experiences I only learned in practice. Here, I came to know the differences between rehabilitation and recovery. The college program should focus more on the application of own experiences in practice, on what you tell and don't tell clients'. (graduate/employee)

The extension of the peer support and recovery program to ten days has improved the connection between college program and work situation. By sharing their own experiences and discussing what skills, support and resources they use, the students learn how to apply their experiences in practice. The program also focuses on the presentation of one's recovery story. For some students, this program has contributed to their recovery process:

'The college program was very important for me. I thought I had solved my problems, but the program has given me food for thought and I have discovered that some problems still exist. Without the program I wouldn't have been the person I am now. The program has made me ready for working in the society and has brought me back to the person I wanted to be'. (graduate/employee)

Group supervision also plays an important role in the college program. Supervision focuses on job performance and job experiences and includes discussions on the integration of the consumer provider employee within the mental health team. Students learn to take decisions and to communicate their method of working to their colleagues. They also discuss challenges and dilemmas in regard to boundaries, confidentiality, dual relationships and sick leave, and how to handle these challenges. Especially the exchange of experiences and the feedback of other students are highly appreciated:

'It stimulates me to be in a group with people doing the same thing. The exchange of working experiences is very useful. Also I have learned much from the theoretical information. I have become more aware of what peer support means to me. Supervision was great, because one could bring in concrete situations and make other students think along with you'. (student)

Role and job duties
Seven ambulant mental health teams have participated in this study: a rehabilitation team, a supported housing program, an assertive community treatment team, a day activity center, an early psychosis team, a peer support team and a homeless outreach team.

The role of the consumer provider student/employee varies depending on their position and the needs of the team. The job duties are largely the same as those of non-consumer employees, e.g. examining client needs, teaching problem-solving skills, conducting consumer outreach and providing vocational and social rehabilitation. Specific roles for consumer provider students/employees are advocating for recovery-based services, providing the clients point of view at team meetings, facilitating and leading peer support groups, and supporting individual clients in their recovery process:

'My job includes giving presentations on recovery and peer support in organizations, initiate peer support groups, supporting client groups with specific problems (e.g. borderline), organizing communication training for professionals and clients, and individual support of clients who got stuck elsewhere. I really feel myself a mediator between staff and clients'. (graduate/employee).

The role of the consumer provider as a mental health professional is usually quite clear, but most students and graduates/employees have to discover their unique role as a consumer provider employee:

'My role as a professional is quite clear, but my role as a consumer provider employee is not. It became clearer in the course of time, but something will have to change in order to

use my experiences in the right way (...). Now we ask ourselves: do I have to be positioned inside or outside the team, must I have a separate room like a psychologist and bring in my experience in this way? We decided that I have the same duties as everyone and in addition I bring in my own experiences. But I get the feeling that my unique role is sometimes a little bit overlooked'. (graduate/employee)

Four of the seven teams were not familiar with having a consumer provider employee in their team. Role fuzziness often led to a period of trying to find one's niche, not only for the consumer providers but also for the team managers and colleagues:

'T. is coached by different team members on the regular job duties, but not on her special role as a consumer provider. We assumed that her role in the team would be clear, but in the beginning she did not know what to do. (..) We discovered that a consumer provider should not be coached by a team member with a different position who is not familiar with the role of a consumer provider'. (team manager)

Integration in the team

Most students and graduates/employees felt welcomed and supported by their colleagues when they entered the team. Sometimes this feeling has developed in the course of time:

'In the team I gradually became more and more accepted. At some moment a psychiatric nurse came to me to ask if I could mean something for a certain client. Also I participated as a regular member in team meetings. Colleagues more and more frequently sent clients to me and asked my advice'. (student)

Some students and graduates/employees develop themselves in the course of time: do they initially tend to adapt themselves to the team culture, as they become more self-confident they develop a critical attitude towards their colleagues:

'The first year I just did what I was expected to do. Now in the second year I am trying to develop my role as a consumer provider. As a result I am more often in conflict with others. Because I raise matters that are quite common for others and they do not want to change their ways'. (student)

One graduate/employee however did not feel accepted by her team at all:

'I do not feel fully accepted, because they cannot accept my limitations. They just want an employee who they can call a consumer provider. Also they never ask questions about my specialism'. (graduate/employee)

Team managers and colleagues also report that the consumer provider employee is part of the team and accepted by their colleagues. One team manager remarked that being part of a team is good, but there is a danger that she will lose her special role:

'The communication with colleagues is good, there is no culture of 'we against them' and the relationships are equal. Maybe to equal because we really want to do something with consumer providers. She must not be the same as the other team members'. (team manager)

In one team the collaboration between the consumer provider and other team members did not proceed smoothly. The team members felt challenged by the critical attitude of the consumer provider.

Students and graduates/employees experience certain dilemmas in the collaboration with their colleagues. Sometimes they hear from their colleagues that they interfere too much with their duties:

'The contact with colleagues was sometimes difficult: they thought I interfered too much on their territory. And some colleagues did not agree with my approach: they thought for instance that persons with borderline should be treated in a certain way and I did not comply with these rules. I approached them as I approach anyone'. (graduate/employee)

Consumer providers also feel the dilemma what to tell their colleagues about their background. Some have informed their colleagues in an early stage, others are more reluctant:

'At the start my colleagues were very curious. Eventually I have told my recovery story to the whole team. Everybody was impressed by the story. After that they more often made an appeal to me and asked my advice on their clients'. (graduate/employee)

'Team members don't know much about my past. The team manager and coordinator know my story, but my colleagues do not. When I was a trainee my colleagues also knew my story, and consequently they started treating me cautiously. That is why I haven't told it this time. But my colleagues know my diagnosis and that I am a consumer provider'. (student)

Contact with clients

Most clients appreciate that persons with a psychiatric background become a mental health worker:

'It is positive that persons with a psychiatric background become a mental health worker, because they may not be abandoned from society where their skills can be used. If I could choose, I would rather be supported by a consumer provider, because he knows how it is and how it feels like'. (client)

Exceptions are two clients who know the consumer provider from her admission period. The dual relationship with the consumer provider (co-client and professional) is confusing for them:

'I think it's important that -before a consumer provider starts to work- they make sure that clients don't know them privately. I would advise against this, because it is very confusing for both sides'. (client)

Some consumer provider employees also search a way to deal with multiple relationships (being both a provider and a service recipient), e.g. in maintaining appropriate distance from clients and not engage in friendly relations.

'It's a danger that you become to much a peer or a friend. When you feel close related to someone, it can become a friendly relationship. But at the same time you are also a provider'. (student)

Benefits of consumer provider employees

Some clients remark that consumer provider employees better understand what a person is going through because they had similar experiences:

'What I like about K. is that she has been there too. She has the same experiences and she also had to fight to survive. When she came here I knew that she belonged here. Someone who knows what it feels like. I think she has more insight into human nature than regular staff'. (client)

Clients experience their relationship with consumer provider employees as more equivalent than with other mental health workers:

'Other workers also try to understand you, but they cannot really stand beside you and feel what you feel. They learn about side effects of medication, but they only know it from a distance. A consumer provider knows how things feel and knows how to make contact'. (client)

One client tells that the consumer provider was the only one who could get through to her when she was psychotic:

'Especially during my psychosis the contact with S. was crucial. They had already called the crisis team and that was really frightening, because I did not know these people. I was very glad when S. showed up, because I knew him and trusted him. (...) His presence is the only thing I can remember from this occasion. He was emotionally involved and the only one who could get through to me'. (client)

Finally some consumer provider employees serve as a role model to consumers:

'Some persons see me as a role model. For instance one client who found out that I had started a training when I was 48. He got the idea to start a training himself. (student)

Policies and conditions

Most consumer provider employees are appointed in a regular position such as housing support worker, activity leader or coach. In one case they have added the addendum 'consumer provider'. One student is appointed in a special peer position, namely peer support specialist. Although all positions have a formal job description, a clear sketch of the specific job duties for consumer providers is often lacking.

The graduates in this study have all achieved regular paid positions. Most of them have permanent positions, a few graduates are appointed on a year-contract. The majority works part-time, mostly 32 hours a week. Most graduates are paid regular wages, but two of them earn lower wages. These persons are not satisfied with their earnings and feel discriminated.

'I work completely independent and bear quite a responsibility. It looks as if I earn less because I am a consumer provider. I think this is because in former days everyone was thrilled when a former patient could get a paid job. It has happened once that I asked my employer for a raise, and he told me that 'my job gives me surely much satisfaction'. (graduate/employee)

Most mental health teams have not developed any policy on hiring consumer providers.

'The personnel department has not yet developed any policy on this, but they are working on it. Especially on the topic of the coaching of consumer providers: must we treat them differently, offer something special, and so on. En what may we expect from these employees? How do we handle issues as sick leave, relapse and admission into the own clinic? We have not formulated any policy on this'. (team manager)

Conclusions

This study focused on two questions: whether the college program succeeds in preparing the consumer students for their role as a consumer provider employee and how the students and graduated are functioning in the mental health teams.

The college program for consumer provider employees distinguishes itself from the regular college program by a peer support and recovery program and additional hours supervision and psychopathology. The extension of the peer support and recovery program to ten days has strongly improved the connection between college program and work situation. Students learn how to develop their recovery story and how to apply their experiences in practice.

Although most students and graduates are functioning well and feel integrated in the teams, they also experience certain dilemmas in their role as consumer provider employee. They sometimes disagree with their colleagues about their approach, but find it difficult to raise these matters in the team. Also they feel insecure what to tell their colleagues about their background, because they do not want to be treated differently. Moreover their contact with clients is sometimes troubled by multiple relationships with the same person; being both co-client and professional. They sometimes have difficulty maintaining appropriate distance from clients. A final challenge is that they may lose their unique perspective as consumers and completely adopt professional beliefs and roles.

Although the study is limited to one college program and the results can not automatically be generalized to other training programs for consumer providers, it has produced useful insights into the challenges of hiring consumer provider employees and how training can prepare the employees to deal with these challenges. The information from this study can also be useful for teams who are considering hiring consumer provider employees. On the basis of these findings and the literature, the following recommendations are offered to improve the process of employing consumer provider employees.

First, teams need to be adequately prepared by informing staff on the roles and duties of consumer providers. This also involves changing the team's culture toward a recovery orientation in which the utilization of consumer providers is one component (Carlson e.a. 2001; Chinman e.a., 2008b). Second, teams must provide coaching and supervision to help consumer providers in their specific role. Supervision should also include specific dilemmas of consumer providers e.g. maintaining boundaries and coping with dual relationships (Hutchinson e.a., 2006; Chinman e.a., 2008a). Third, the team must provide training to staff,

including consumer providers, in conflict resolution and discussion skills in order to facilitate open dialogue (Carlson e.a., 2001). Also non-consumer staff can be stimulated to use their own experiences of life in client contacts, to reduce the gap between consumer and non-consumer staff. Finally, teams should consider hiring more than one consumer provider, so that the consumer provider feels less isolated and has someone with whom to compare notes and exchange support and encouragement (Chinman e.a., 2008a).

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