

DISCUSSION PAPER

Power, Paternalism and Partnerships

“Partnership is about the mental health services you use allowing you choices and offering you information about the treatment and support options available to you. It is about working in unison – they provide the professional support, information and resources and you provide the direction, experience and personal input to keep yourself well.

Partnership is based on respect, upon acceptance of your rights by mental health services, and by action from you with regard to your responsibilities as consumers.” *(Service User)*

Introduction

This discussion paper is based on a document from the United Kingdom called “Power in Strange Places.” Members of CMHA’s National Consumer Advisory Council (NCAC), feeling that it reflected many of their experiences, have drawn on it as the inspiration for this paper. The purpose of the paper is to invite discussion within CMHA about power, in order for the association to develop a more consistent understanding of its importance to consumers.

Power in and of itself has significant meaning amongst the general population. However amongst people with a mental

illness, who in many cases have had their power taken away, this takes on new meaning.

Attaining power, or control, can be a struggle for a person who has experienced mental illness. After one’s power has been taken away due to illness, or more likely due to people’s responses to someone who has been through the mental health system, the length of time to recover will vary.

As an organization that promotes mental wellness, CMHA at all levels should be helping members to recover and regain whatever level of control they can. This can be a tricky situation in that there is a fine line between promoting empowerment in general

and facilitating an individual to achieve whatever degree of empowerment they are capable of. Ultimately, control over one’s life and empowerment should always be the end goal.

The NCAC recognized during discussions that most NCAC members have, at one time or another, felt that their power has been compromised by the service system. In response to this issue, this discussion paper has been forwarded to the CMHA National Board for its review and consideration.

Prepared for the **Canadian Mental Health Association National Board of Directors**

by the **The National Consumer Advisory Council (NCAC) 2006**

Power Imbalance

CMHA National's policy statement on Supporting Consumer Involvement states, "For a vibrant CMHA, our boards, committees, staff, and membership need to reflect diverse opinions, representing all four corners of the Framework for Support's Community Resource Base."

Long recognized as a problem in any movement of marginalized people, power imbalances occur when an individual or group believes that they wield more control than others. This belief can be based on reality or just a perception. When control, in whichever way it manifests itself, is exercised over a person or a group, a power imbalance occurs. It is our responsibility to work at this so that we may have a more equal partnership with those that we serve.

Points of Discussion

- Is this a topic that personnel, consumers, and volunteers at your Branch, Region, Division, or National levels need to talk about?
- What are the steps to identify a power imbalance?
- If there is a power imbalance, what are the steps we need to take to address it?

Paternalism

Paternalism is defined as a policy or practice of treating or governing people in a fatherly manner, especially by providing for their needs without giving them the rights or responsibilities.

(The American Heritage Dictionary of the English Language: Fourth Edition 2000)

There has been a long history of paternalism towards consumers of mental health services from the mental health system. Paternalism is not a new issue and is present among any disenfranchised group. Paternalism may be a conscious or unconscious action. From time to time over the years, personnel from CMHA Branches, Regions and Divisions have entered into the parent-child type of relationship with the people they serve.

There are service providers and lay people such as psychiatrists, nurses, doctors, family members, mental health agencies, and friends who want to take on a consumer's problems because they perceive the person to be too ill or too incapacitated to deal with the situation on their own. Oftentimes the heart is in the right place, but we don't realize the long term damage this can cause.

Oftentimes when consumers enter the system they are feeling the most vulnerable and their confidence levels are at their lowest. Service providers, who in large part

are very caring and want to take the burden off the consumer, jump in to go about solving the problems. These problems may include issues with housing, income support, employment and education. Although the individual may still be receiving services, it is important that they "take back their life." They must be encouraged to take the reigns once again in order to get that confidence level back up. If you are constantly being "done for" by others, it will be tremendously difficult to believe that you can ever problem-solve on your own again.

Many of those who have been through the mental health system, or are presently going through the system, have found it helpful when service providers take the time to encourage them to do things for themselves. In order to circumvent the feelings of uselessness, service providers need to promote consumers' participation in all areas of their recovery. This can be a challenge for service providers who often feel time constraints and realize they cannot spend the time it takes to bring the individual along. This is a very real limitation most of us feel these days. Without doing this, however, we are perpetuating the cycle of helplessness. Even "limited" consumer participation in decision-making can mean paternalism and tokenism.

CMHA National's policy statement *Consumer Involvement: Beyond Tokenism*, recommends that CMHA advocate, in full partnership with consumers, for consumers' right to

total participation in society. This advocacy must not just be directed outward, but must also guide CMHA's approach as an organization.

Points of Discussion

- Is this a topic that personnel, consumers, and volunteers at your Branch, Region, Division, or National levels need to talk about?
- What are the steps needed to identify acts of paternalism?
- What are the steps needed to identify tokenism?
- Are we doing enough to ensure that paternalism does not happen at our Branches, Regions, Divisions, or at the National level?
- If there are acts of paternalism identified, what are the steps needed to address them.

Partnerships

Good partnerships among consumers and CMHA employees and volunteers are essential because the organization cannot function with legitimacy without one another. The credibility of the organization is in jeopardy if consumers are not involved, in a meaningful way, at the Branch, Region, Division and National levels.

Partnership requires:

- real opportunities for consumers to influence decision-making
- recognizing the validity and learnings of the consumer experience

- provision of resources, knowledge, information, and supports required to facilitate partnership
- clear policies and structures for consumer participation

Recovery has become a powerful term in the mental health field in the past few years and it has been embraced by CMHA National's Framework for Support which says, "At its heart, recovery is about people and how they overcome the impacts of mental illness. Consumers describe it in different ways, but common to most accounts is regaining a significant degree of control in one's life and finding a positive sense of self and a meaningful place in the world."

A review of the "health" of partnerships should take place on a regular basis to ensure that everyone involved is aware of the importance of their role in the agency and that tokenism is not taking place.

Points of Discussion

- Are there healthy partnerships between CMHA personnel, consumers and volunteers at your Branch, Region, Division or National levels?
- What are the steps needed to identify health and unhealthy partnerships?
- If unhealthy partnerships are evidenced, what are the steps needed to address it?

Letting Go

As is common when making change, the pendulum often swings too far the other way. While it is very important to grant the individual the utmost independence, we must not leave individuals on their own totally, particularly when they are still dealing with severe symptoms. A work plan that includes gradual withdrawal from management of the person as a case is healthy for all of those involved.

Consumers may not wish to let go, having developed a dependence on the agency. The key is to determine whether the need to stay involved with the agency is based on fear of fully participating in society again. Relationships with service users are individualized and it is up to both the service provider and consumer to decide how service intervention should be reduced or terminated.

Points of Discussion

- Are there healthy partnerships between CMHA personnel, consumers and volunteers at your Branch, Region, Division, or National levels?
- What are the steps needed to identify healthy and unhealthy partnerships?
- If unhealthy partnerships are present, what are the steps needed to address it?

In conclusion

The following points from the original UK document "Power in Strange Places" was discussed by the council and it was agreed that these points, outlining the desired steps for consumer involvement, should be forwarded to the board for discussion and possible adoption as an organization. The end result would be that Branches/Regions/Divisions/National strives to meet the steps listed below:

1. Recognize the problem of power imbalance.
2. Seek consumers and colleagues with similar perspectives on power imbalance and develop local networks.
3. Create a forum for introduction of ideas of consumer involvement.
4. Allow consumers the space to develop their own initiatives. Recognize the validity of a range of strategies...be patient!
5. Change your style of operating so as to allow us to get involved. Watch the style of meetings, language, and setting out agendas.
6. Help to provide resources for our initiatives (money, information, equipment, access to professional structure).
7. LET GO! Continue to offer an advice, network on our terms, and don't be offended if we go in another direction.

8. Network colleagues nationally to spread these ideas and initiatives.

Contact: Chair, NCAC
info@cmha.ca

Resources used for this paper

Power In Strange Places:

User empowerment in Mental Health Services, Good Practices in Mental Health, London, 1987. Barnes, Marion et al

Consumer Involvement:

Beyond Tokenism, CMHA National, Toronto, 1995

Empowerment Issues in Services to Individuals with Disabilities, David

Hagar, Joseph Marrone, Journal of Disability Policy Studies, 1995

A Framework for Support, Third Edition, J. Trainor, E. Pomeroy, B. Pape, Toronto, Ontario, Canadian Mental Health Association, National Office, 2004

Bibliography

Our Voice/Notre Voix: Steps for the Professionals, No. 10, November 1991, Pg 12, (www.ourvoice-notrevoix.com), Moncton, New Brunswick

Canadian Mental Health Association, National Office

2301-180 Dundas Street West
Toronto, Ontario M5C 1B5
E-mail: info@cmha.ca
Website: www.cmha.ca
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