

Empowering mentally ill people A new health promotion challenge?

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A B S T R A C T : During the past decades, psychiatric services have undergone a transition to community-based care systems. People who are mentally ill need to regain power over their own lives, since they have been disempowered, due to, in some cases, many years of institutionalisation. Psychosocial rehabilitation services should aim towards empowerment within the framework of the mental health promotion of each particular individual. This paper aims to offer a review of the literature concerned with the empowerment of mentally ill people and to present the benefits that empowered people gain. Research has demonstrated that empowerment among mentally ill people offers life satisfaction. Mentally ill people are in need of a rehabilitation model that encourages their empowerment, by emphasising the goals defined by them. Empowerment may refer to both outcome and process, that is, not only to the outcome of the decisions an individual makes, but also to the essential feeling of being an active participant in the decision-making process. Patient empowerment is a matter of self-determination, hence, it occurs when a patient freely chooses his or her own path to recovery and well-being. It has been concluded that mentally ill people living within the community should not be treated as mere passive objects of medical interventions. Thus, empowerment should be a well-established part of mental health care and the base of psychosocial rehabilitation services. Nurses, in association with other health care professionals, should develop and implement adequate interventional programmes, which facilitate decision-making skills and promote self-esteem. Furthermore, empowerment sets new challenges for the nurses' education and it should, therefore, be the subject of studies in order to test the impact of empowerment interventions and to develop future practice within the scope of the psychosocial rehabilitation of mentally ill people.

KEY - WORDS : Mentally ill people, empowerment, health promotion

INTRODUCTION

According to the World Health Organization (WHO 2003) 450 million people worldwide suffer of a mental or behavioural disorder. Specifically, one in four of the overall global population will experience mental illness (Gray 2002).

During the past decade, psychiatric services have undergone a transition to community-based care systems

(Hansson & Bjorkman 2005, Lecomte et al 1999) have supported that due to many years of institutionalisation people with mental illness are disempowered. People who are mentally ill need to regain this power over their own lives. Indeed, clients who have lived in group residences or institutions, or participated in day treatment programmes for long periods of time, often have difficulty identifying personal issues and making choices, as a result of decisions made for them by professionals (Hess et al 2001).

Thus, psychosocial rehabilitation should aim towards empowerment within the framework of individuals' mental health promotion. The new direction of health promotion should be towards the development of knowl-

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edge and effective skills among mentally ill people, which would promote recovery and result in reclaiming control over their health and their life in general. The notion of empowerment is essentially the same in all domains of life, including mental health care. Strengthening our community by empowering adults with mental illness through mental health interventions improves the quality of their lives.

The aim of the present paper is to review the literature concerning with the empowerment of mentally ill people and to present the benefits that empowered people gain.

DEFINING EMPOWERMENT

Historically, empowerment originates in the self-help and political awareness movements of the late 60's and early 70's (Ryles 1999). Empowerment has been defined in numerous ways in different articles concerning with this issue.

In the late 80's, Rappaport, as cited by Rogers et al (1997), defined psychological empowerment as the connection between a sense of personal competence, a desire for and a willingness to take action in the public domain. Furthermore, Rappaport (1987) stipulates that empowerment is not only an individual psychological construct, but it also includes organisational, political, sociological, economic and spiritual aspects.

In the 90's, many authors made attempts to clarify and define the notion of empowerment. In 1990, Staples defined empowerment as the ongoing capacity of individuals or groups of people to act on their behalf, to achieve a greater measure of control over their lives and destinies. Similarly, a few years later, Segal et al (1995), described empowerment as a process followed by individuals, in order to gain control over their lives and to influence the organisational and societal structure in which they live.

According to Freud (1993), empowerment refers to the society's relationship with the individual, as well as to the role that the individual performs in society, while Nelson, Lord & Ochocka (2001) define empowerment as opportunities and conditions that promote choice and control, community integration and relevant valued resources.

However, McLean (1995) adopts a different perspective and defines empowerment as the action of those who are disempowered and acting to become empowered. Another definition was given by Clay (1997), who argues that empowerment is the means by which an individual acquires the inner authority to act freely, and, in that re-

spect, includes self-esteem, confidence and respect for others.

Finally, in the nursing discipline, empowerment can be translated into autonomous decision-making, self-determination, feeling of self-worth and autonomous and assertive practice (Itzhaky, Gerber, Dekel 2004). Jones & Meleis (1993) have defined empowerment previously as both process and outcome, as encompassing people's rights, strengths and abilities, and, finally, as implying competence or the development of potential.

EMPOWERING PROCESS

Kilian et al (2003) cite that an empowerment policy is being regarded by an increasing number of experts in the mental health field as necessary, in order to improve the quality of mental health care as well as the quality of life of individuals with mental illness.

Nelson, Lord & Ochocka (2001) state that traditional approaches towards mentally ill people have emphasised professional expertise and control, diagnosis of deficits, reduction of symptoms and training of life skills. Moreover, among health professionals and administrators, exists the opinion that empowerment is inappropriate or unworkable, and that clients do not wish to be involved in decisions about their own health (Segal 1998). Contrary to that, clinicians and advocates have argued that empowered clients benefit more from mental health services (Corrigan et al 1999).

In order to promote empowerment of mentally ill people, health care services should, among other things, include alternatives to hospitalisation and holistic healing services (Fisher 1994). As cited by Nelson, Lord & Ochocka (2001), it has been found in the context of research, that during the empowerment process, and provided that they have the appropriate support, mentally ill people can move from a state of powerlessness to having more power.

Organisations can promote empowerment by ensuring that health professionals have the time to involve clients in treatment planning, promoting professionals attitudes that are respectful of clients' ability to participate in treatment planning, providing clients with a range of treatment options, designing programmes that have a strong philosophical commitment to client empowerment and, finally, implementing programmes properly (Linhorst 2002).

The ideal professional to work with clients in an empowering way is a person endowed with high tolerance for ambiguity, sufficient experience to form trusting

friendships with clients and also sufficient skill to facilitate the development of empowered client social networks, where clients take responsibility for their social and vocational needs (Freud 1993).

According to the opinion that empowerment can refer to both outcome and process, a client is empowered not only by the outcome of the decisions he or she makes, but also by being an active participant in the decision-making process. This empowerment process has been described by Staples (1990) as a continuing development involving many changes, whereby an individual or group is able to strengthen and exercise the ability to act so as to gain greater control and mastery over life (Linhorst 2002). Client involvement is intended to create conditions in which they can gain greater control over their environments and realise their aspirations (Segal, Silverman & Temkin 1993).

Gibson, as referred to by Anderson (1996), sees empowerment as a social process of recognising, promoting and enhancing the abilities of each person to meet his/her own needs, solve their problems and mobilise necessary resources to take control over their lives. Empowerment is the process of helping people assert control over factors that affect their health (Anderson 1996).

Prilleltensky (1994) supports that empowerment includes access to valued resources. The process of empowerment cannot occur without the improvement of material conditions of life of mentally ill people, particularly when they experience poverty, poor quality housing, unemployment and inadequate access to education (Prilleltensky 1994).

Patient empowerment is a matter of self-determination; it occurs when a patient freely chooses his or her own path to recovery and well-being. Personal empowerment will take place within an environment that also provides social and civil empowerment as well. The mentally ill, just as everybody else, need housing, a job or job training programmes, as well as educational subsidies. The person who feels free to question, to accept or reject treatment, as well as to communicate with and to care for the people who care for him is the person who is most likely to be empowered (Clay 1997).

Mentally ill people are in need of a rehabilitation model that encourages their empowerment, by emphasising goals defined by themselves, liberty, self-control, peer support, elimination of all forms of discrimination, and provision of adequate material and social support (Fisher 1994).

Segal, Silverman & Temkin (1993) explain that self-groups and agencies, developed for mentally ill people, try to empower them by:

- Helping members obtain needed resources and develop coping skills
- Providing means of enhancing members' self-concept
- Lessening the stigma of perceived mental disability
- Giving members control over the agencies' governance, administration and service delivery
- Furthering member involvement in social policy-making.

EMPOWERMENT BENEFITS

By 1990, mental health organisations in the US had begun to recognise the benefits of empowerment for mentally ill people (Wowra & McCarter 1999). The benefits of empowerment for people with mental illness are as varied as they are essential for their life in the community.

The benefits which derive from empowerment may include the increase of self-confidence and improved quality of life (Linhorst 2002). Furthermore, empowerment is associated with greater self-efficacy, confidence and hopefulness (Salzer 1997). Chinman et al (1999) support that people with severe mental illness, able to actively participate in designing their own treatment plans, are more likely to have an improved self-image, to be satisfied with the services they receive and to reach their treatment goals. Participation treatment planning can also be empowering, when people with mental illness choose their own goals and those treatment activities that best support the goals they have selected for themselves (Linhorst 2002).

The literature on the subject demonstrates that the impact of empowerment is such that, despite societal stigma, empowered patients acquire positive attitudes about themselves. They have good self-esteem, they believe in themselves and they are optimistic about the future. Furthermore, they believe that they have some power within society and they are interested in changing and promoting community action (Corrigan et al 1999).

Mentally ill people may also enhance quality of care, improve services, protect their rights, help maintain personal dignity and integrity and deflate organisational and individual stigma (Salzer 1997).

BARRIERS TO EMPOWERMENT

As Linhorst et al. (2002) argue, the severity of mental illness is the main barrier to empowerment. Mental illness renders some people incapable of processing information, weighing choices and making informed decisions about their treatment (Rosenfeld Turkheimer 1995).

In the context of a study among health professionals and clients of community based services, Chinman et al (1999) found that the main barriers to empowerment are: health professionals, specific clients' disabilities, non-compliance, lack of interest in participation, and, as indicated by clients, lack of time among staff for the treatment planning, and, finally, their own lack of knowledge about how to participate in treatment planning and their uncertainty about how the setting of goals would help them.

RESEARCHES ON EMPOWERMENT

Several research programmes have been conducted, trying to measure the impact of empowerment among mentally ill people.

Chavasse (1992) has noted in her editorial that, according to research, the empowered patient may respond better to treatment. Moreover, as cited by Hall & Nelson (1996), research with mentally ill people has shown that their sense of mastery or perceived control over their lives is directly related to their life satisfaction.

A research project in six states in the United States, aimed at measuring empowerment among members of self-programs, found that empowerment was related to quality of life, but unrelated to employment status. The results of the same study suggest that an empowered person is one who has a sense of self-worth, self-efficacy and power. An empowered person is optimistic about the ability to exert control over his/her life (Rogers et al 1997). Similarly, Corrigan et al (1999) concluded in their study that empowerment included a sense of self-efficacy, positive self-esteem and optimism about the future, as well as interest in community action, a lack of feeling powerless in the face of the community and a confidence in effecting change.

A study conducted by Wowra & McCarter (1999) suggest that education level and employment status may predict levels of empowerment among the outpatient mental health population, having previously noted that empowerment is predicated on having access to information and resources and learning skills that a person defines as important.

As cited by Segal (1998), evaluation of case management services which incorporate an empowerment philosophy for mental health clients, reports success in terms of clinical parameters, health service use and satisfaction of clients and health care providers.

DISCUSSION

As above mentioned, there is widespread support of empowerment intervention for mentally ill people, since health promotional programmes incorporating empowerment provide positive results with regard to the quality of care and life of the community population involved.

Empowerment should be a well-established part of mental health care and the base of psychosocial rehabilitation services. Mentally ill people living in the community should not be treated as passive objects of medical interventions, but a variety of community support programs which promote empowerment should take place. Consequently, health care settings should move beyond the curative role they have and adopt a health promotion role within the context of psychosocial rehabilitation among mentally ill people. Therefore, adequate mental health policies should take into account the empowerment aspect of mental health clients, in order to create the necessary conditions in order for these persons to lead healthier lives.

Mentally ill people welcome interventions addressing their needs in a way that empowers them and makes them able to be independent in all levels of daily life within the community. Empowerment of mentally ill people does more than offer a very positive aspect to their lives; it also provides positive feedback to nurses who implement empowerment interventions and encourages them to continue.

The role of nurses in empowering the mentally ill is crucial, as they are the ones who, within the interdisciplinary group of health professionals, take part in the daily rehabilitation programme of the latter. Nurses, in association with other health care professionals, should develop and implement adequate interventional programmes, which facilitate decision-making skills and promote self-esteem.

Furthermore, empowerment sets new challenges in regard to the education of nurses. This is because nurses aiming to empower mentally ill people, need to be empowered themselves, and, thus, to feel autonomous and able to gain authority within the settings of health care.

Finally, evaluation of the intervention is essential, in order to fully and properly review the effect of the em-

powerment process among mentally ill people. In that respect, research that tests the impact of empowerment is fundamental in setting specific guidelines for future practice in psychosocial rehabilitation.

CONCLUSION

Empowerment should be considered as one of the main goals within the overall context of psychiatric rehabilitation interventions. In order to achieve successful results through empowerment intervention, the contribution of properly educated nurses, who share the vision of empowered mental ill people, is of essence.

REFERENCES

- Anderson JM (1996). Empowering patients: issues and strategies. *Social Science Medicine*, 43:697–705
- Barton R (1999). Psychosocial rehabilitation services in community support systems: a review of outcomes and policy recommendations. *Psychiatric Services*, 50:525–534
- Chavasse JM (1992). New dimensions of empowerment in nursing and challenges. *Journal of Advanced Nursing*, 17: 1–2
- Chinman MJ, Allende M, Weingarten J, Tworowski S, Davidson L (1999). A road to collaborative treatment planning and provider perspectives. *Journal of Behavioral Health Services and Research*, 26:211–218
- Clay S (1997). Empowerment and recovery, [online]. Available: <http://home.earthlink.net/~sallyclay/Z.text/empowerment.html> [accessed: 20.03.06]
- Corrigan PW, Faber D, Rashid F, Leary M (1999). The construct validity of empowerment among consumers of mental health services. *Schizophrenia Research*, 38:77–84
- Fisher DB (1994). Health care reform based on an empowerment model of recovery by people with psychiatric disabilities. *Hospital and Community Psychiatry*, 45:913–915
- Freud PD (1993). Professional role(s) in the empowerment. *Psychological Rehabilitation Journal*, 16: 65–73
- Gray AJ (2002). Stigma in psychiatry. *Journal of the Royal Society of Medicine*, 95:72–76
- Hall GB, Nelson G (1996). Social networks, social support, personal empowerment, and the adaptation of psychiatric consumers/survivors: path analytic models. *Social Science and Medicine*, 43:743–1754
- Hansson L, Bjorkman T (2005). Empowerment in people with a mental illness: reliability and validity of the Swedish version of an empowerment scale. *Scandinavian Journal of Caring Science*, 19:32–38
- Hess RE, Clapper CR, Hoekstra K, Gibison FP (2001). Empowerment effects of teaching leadership skills to adults with severe mental illness and their families. *Psychiatric Rehabilitation Journal*, 24:257–265
- Itzhaky H, Gerber P, Dekel R (2004). Empowerment, skills, and values: a comparative study of nurses and social workers. *International Journal of Nursing Studies*, 41:447–455
- Jones PS, Meleis AI (1993). Health is empowerment. *Advances in Nursing Science*, 15:1–14
- Kilian R, Lindenbach I, Lobig U, Uhle M, Petscheleit A, Angermeyer MC (2003). Indicators of empowerment and disempowerment in the subjective evaluation of the psychiatric treatment process by persons with severe and persistent mental illness: a qualitative and quantitative analysis. *Social Science and Medicine*, 57:1127–1142
- Lecomte T, Cyr M, Lesage AD, Wilde J, Leclerc C, Ricard N (1999). Efficacy of a self-esteem module in the empowerment of individuals with schizophrenia. *The Journal of Nervous and Mental Disease*, 187:406–413
- Linhorst DM, Hamilton G, Young E, Eckert A (2002). Opportunities and barriers to empowering people with severe mental illness through participation in treatment planning. *Social Work*, 47:425–434
- McLean A (1995). Empowerment and the psychiatric/expatient movement in the United States: contradictions, crisis, and change. *Social Science in Medicine*, 40:053–1071
- Nelson G, Lord J, Ochocka J (2001). Empowerment and mental health community: narratives of psychiatric consumer/survivors. *Journal of Community and Applied Social Psychology*, 11:25–142
- Prilleltensky I (1994). Empowerment in mainstream psychology: legitimacy, obstacles, and opportunities. *Canadian Psychology*, 35:358–374
- Rapport J (1987). Terms of empowerment/exemplars of prevention: toward a theory for community psychology. *American Journal of Community Psychology*, 15:121–148
- Rogers SE, Chamberlin J, Langer EM, Crean T (1997). A consumer-constructed scale to measure empowerment among users of mental health services. *Psychiatric Services*, 48:1042–1047
- Rosenfeld BD, Turkheimer EN (1995). Modelling psychiatric patients' treatment decision making. *Law and Human Behavior*, 19:389–405
- Ryles SM (1999). A concept analysis of empowerment: its relationship to mental health nursing. *Journal of Advanced Nursing*, 29:600–607
- Salzer MS (1997). Consumer empowerment in mental health organisations: concept, benefits, and impediments. *Administration and Policy in Mental Health*, 24:425–434
- Segal SP, Silverman C, Temkin T (1993). Empowerment and self-help agency practice for people with mental disabilities. *Social Work*, 38:705–712
- Segal S, Silverman C, Temkin T (1995). Measuring empowerment in client-run self-help agencies. *Community Mental Health Journal*, 31:215–227
- Segal L (1998). The importance of patient empowerment in health system reform. *Health Policy*, 44:31–44
- Staples LH (1990). Powerful ideas about empowerment. *Administration in Social Work*, 14:29–42
- WHO (2003). Investing in mental health, Geneva, 4 [online]. Available: http://www.who.int/mental_health/media/investing_mnh.pdf [accessed: 20.03.06]
- Wowra SA, McCarter R (1999). Validation of the empowerment scale with an outpatient mental health population. *Psychiatric Services*, 50:959–961