

*How to base teaching on evidence  
when health problems and health care  
systems are new and the users'  
perspectives should be our focus?*

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# What is ”*NEW*” or are ”*NEW problems*”?

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- More psychosocial disabilities occurring among children – better recognition and better diagnostic health care
- Varied disabilities: behavioural problems, bullying, violence, emotional problems, disturbed eating habits (eating disorders, obesity and body fixation) and chronic fatigue syndrome CFS.

A New national education program is developed in Norway:  
”Psychosocial work with children and families”

The aim is to keep the focus on:

- 1) Best current evidence
- 2) Users' perspective

And research the question of how we can combine these in the new educational programme.

# What is a "NEW health care system"

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- Help with psychosocial problems are considered best when given by specialized mental health services in hospitals – but there are long waiting lists.
- Therefore the community service for children's' mental health care is to be further developed (A requirement specified by the Norwegian Health Department).
- Knowledge is lacking – and may not automatically be transferred from the hospitals' "knowledge bank"
- In developing this new educational competence we sought to find the best evidence and to find the needs of the individual child and their family.
- We asked: "What works in therapy?"

# Methods

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1. Theoretical reviews (Cooper 1989:13, Kirkevold 1997:977)  
sought for: evidence based mental health  
care and user perspectives

2. Interviews with teachers and students  
analysed by qualitative content analysis  
(Graneheim & Lundman 2003)

Result I: Research philosophy:

## **Evidence-based practices in Mental Health**

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- Use the treatment that evidence shows is best to give the client best possible help

**Archibald Leman Cochrane (1909 – 1988)**

- **Can it work ?**
- **Does it work in practice ?**
- **Is it worth it ?**

# Result II Research philosophy:

## 2 differing views on wellness and illness

### 1. 'Sensibility' is understood as:

- First-hand experience of wellness and sickness. (Nortvedt og Grimen)
- Knowledge regarding the subjective experience of the patient in regard to his situation that can only be obtained by empathic understanding and by being sensitive to the others feelings.

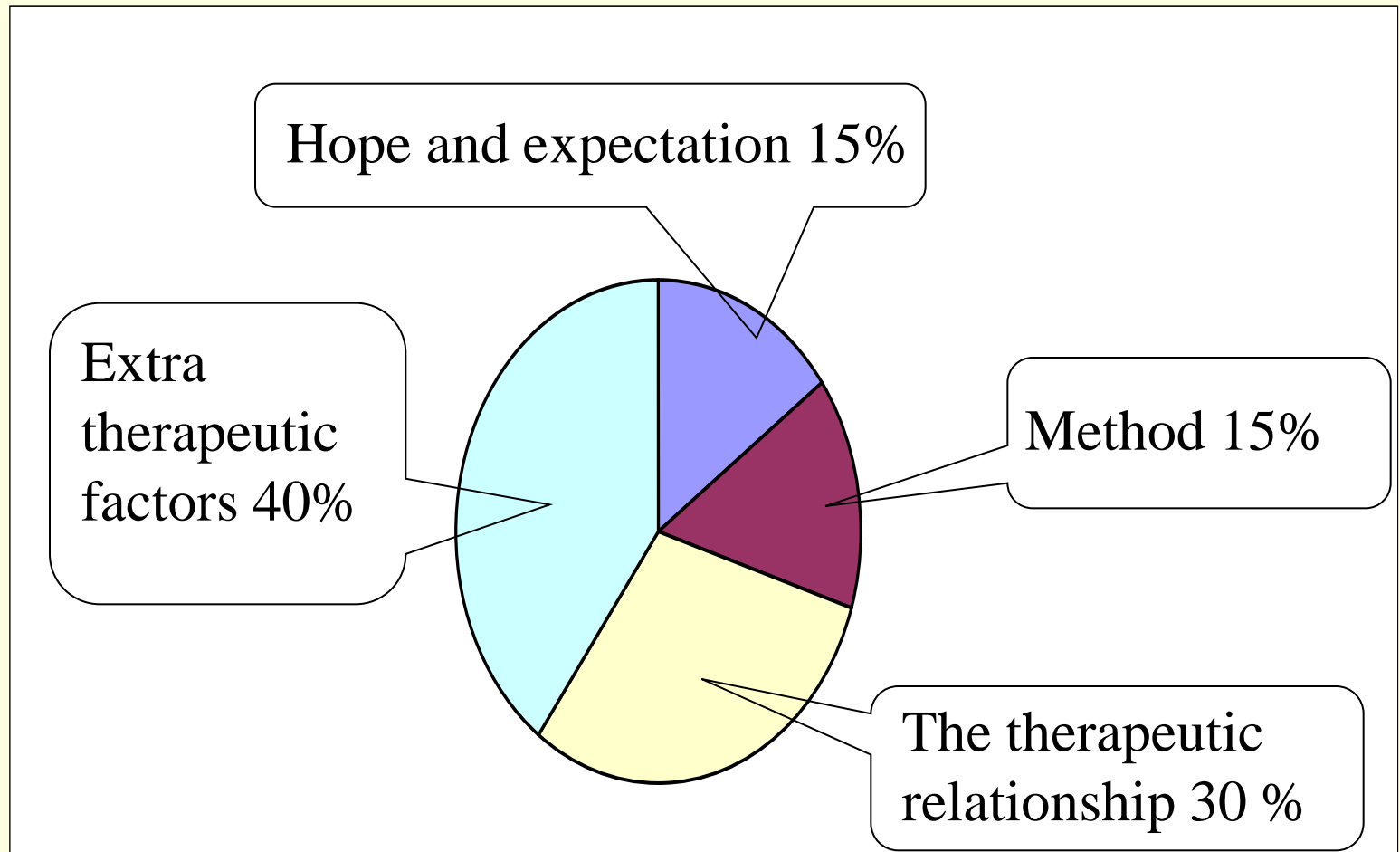
### 2. 'Reflection' is understood as:

- To reflect upon wellness and sickness and the employment of therapeutic competence, technology and professional competence in certain situations.

(Nortvedt og Grimen)

# Result III What works in therapy? What can explain the outcome of therapy?

According to: *The Heart & Soul of Change* (Hubble & Duncan & Miller, 1999)





# Results IV - from interviews

## Knowledge is needed in communities

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1. There is a lack of knowledge concerning children in the Community Mental Health Service— earlier they could receive the services of a child protection agency, now they are left to various (health) professionals. These people see the children who suffer but without specialist training find identification of the causes and appropriate treatment most difficult.
2. Disabilities are increasing: Family violence, children of the mentally ill / of parents with substance abuse, attachment disorders, ADHD, anxiety and depression, eating disorders, self harm, chronic fatigue syndrome (CFS).
3. There is great need for knowledge concerning the causes of psychiatric difficulties in children and young adults, and how one can strengthen the resilience factors that can increase the child's resistance to illness.
4. There is a requirement to know how one can talk to children about their difficult feelings.

# Results V - from interviews

Suggestions: Interventions in the NEW education program

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- **Evidence-based knowledge about the illness, disabilities, symptoms and possibilities of effective treatment are needed**
- **User experiences – first-hand experiences of these problems - Invite people from user organisations to give lessons to the students**
- **Practical knowledge of how groups for children might be organised and the best way to address the children in groups. Invite professionals from specially trained teams to give lessons about their experiences of working with the children**
- **One part of the curriculum should be chosen by the individual student - with the aim of increasing his or her competence in seeking out the necessary knowledge.**

# Discussion - Different challenges

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- The use of clients' unique experiences of his/her situation in the context of his/her existence.
- The clients rights to participate by choosing from existing treatments and in the development of new services for clients (Norwegian 'patients' rights' law).
- Clients' participation (empowerment) increases effectiveness and quality in treatment
  
- **Problems with "equality" in the dialogue – differences in the power relation**
- **Categorization - Every human being is unique?**
- **Evidence-based practices – Are they best for everybody ? Always?**

# Conclusion I

## ”Balanced teaching” two types of knowledge

Evidence based knowledge is gained through:

- New professional areas of competence – to gain an overview.
- Creation of a common basis of understanding.
- Creation of a common basis of critical thinking.
- Finding a starting point to give help.

Knowledge from user’s perspectives means focussing upon:

- User’s personal experiences.
- Promotion of users’ participation in the recovery process.
- Focus on the users’ resources.
- Promotion of the mastery skills of the users.

# Conclusion II

Focus both on evidence and users' perspectives

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- **Teaching should be given in a "balanced way". Teachers should show respect and acceptance of the need for both kinds of knowledge. Students need to learn both sensibility and reflection**
- **Helpers must be updated about the current evidence of what works in therapy – teachers must use article searches when preparing for teaching – they must also stimulate student's motivation and prepare them for doing the research themselves**
- **To increase the helpers' understanding of the clients' needs and resources and to build knowledge of how a strong alliance occurs the student may well read literature such as biographies or narratives, or benefit by being taught by the user him or herself in the classroom**
- **Participation of user representatives in research teams can help with the formulation of good and relevant approaches to the subject matter of the research.**

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**Thank you  
for your attention !**