

## EMPLOYMENT CRISIS IN PSYCHIATRY AND MENTAL HEALTH AND EUROPEAN TUTORING: INTERIM EVALUATION OF THE TUTO PROGRAMME

Laurence FOND-HARMANT, Luxembourg Institute of Health,  
[laurence.fond-harmant@lih.lu](mailto:laurence.fond-harmant@lih.lu);

Jocelyn DELOYER, Centre Neuropsychiatrique Saint-Martin,  
[jocelyn.deloyer@fracarita.org](mailto:jocelyn.deloyer@fracarita.org);

Margarita MORAITOU, Kepsipi,  
[kepsipi@yahoo.gr](mailto:kepsipi@yahoo.gr);

Catalin NACHE, Agapsy,  
[cnache.agapsy@gmail.com](mailto:cnache.agapsy@gmail.com);

Javier Sempere, Klinik und Poliklinik für Psychiatrie und  
Psychotherapie Universitätsmedizin Rostock,  
[asociacionsalutmental@gmail.com](mailto:asociacionsalutmental@gmail.com)  
[johannes.thome@med.uni-rostock.de](mailto:johannes.thome@med.uni-rostock.de);

Claudio FUENZALIDA, Asociacion Salut Mental,  
[asociacionsalutmental@gmail.com](mailto:asociacionsalutmental@gmail.com),

Benoît FOLENS, Centre Neuropsychiatrique Saint-Martin,  
[benoit.folens@fracarita.org](mailto:benoit.folens@fracarita.org)

Gabriela KELEMEN, Ph.D.  
[gabrielakelemenuav@gmail.com](mailto:gabrielakelemenuav@gmail.com)

Mihaela GAVRILA-ARDELEAN, Ph.D  
[miha.gavrila@yahoo.com](mailto:miha.gavrila@yahoo.com)

"Aurel Vlaicu" University of Arad, Romania

**Abstract:** *Crises have effects on the qualifications and contents of training programmes. The vocational crisis in the mental health sector offers an opportunity to reactivate the European initiative in the form of cooperative exchanges. Financed by the European “Erasmus+, Strategic Projects” programme, TuTo (2014-2017) is a European tutoring programme addressed to young psychiatric and mental health professionals. It is widely recognised that, in Northern and Western Europe, the human resources of these activity sectors are facing a shortage of practitioners, nurses, psychologists and psychiatrists. In light of the age pyramid, which is narrow at the base and quite broad at its apex, there is no guarantee that experiences are being adequately passed on to the younger generation. The TuTo project is supported by the expertise of partners from 6 European countries: Germany,*

*Belgium, Spain, France, Greece and Luxembourg. The partners are psychosocial facilities, psychiatric hospitals, training and research centres as well as university departments.*

**Methods:** *Midway through, the project is being evaluated in both its qualitative and quantitative dimensions. Integrating the major health promotion principles of the Ottawa Charter (WHO-1986), the evaluation grid for tutoring actions makes it possible to jointly develop the six quality criteria and indicators: 1- the public, 2- the partnership, 3- the information, 4- the implementation, 5- the human resources, 6- the follow-up.*

**Outcomes:** *The interim evaluation of the project furnishes numerical and qualitative elements. The tutoring process mutualises university education and practical training (contacts between professionals and users). The Ottawa Charter advocates a global approach to health in the community.*

**Discussion:** *The mid-term evaluation highlights areas of adjustment in order to federate the partners around a common vision based on the principles of the Ottawa Charter; with the effects of the psychiatric reform in Europe, the “host institutions” must further develop the contacts with professionals outside the hospital, in order to construct a multisectoral approach that is open to the city and its realities. It is essential to train young professionals in the care and social sector so as to decompartmentalise therapeutic activities and those of mental health prevention and promotion for a modern public mental health system that can deal with the vocational crises in an increasingly complex economic context.*

**Key words:** *Psychiatry, Mental Health, Tutoring, Professionals, Continuous training, Ottawa Charter, WHO, crisis.*

## **European tutoring and employment crisis in psychiatry and mental health: Interim evaluation of the TuTo programme**

Crises have effects on the qualifications and contents of professional training (Beaugé J-2015). The vocational crisis in the psychiatric and mental

health sector offers an opportunity to reactivate the European initiative in the form of cooperative exchanges. Professional training is a central element in the competency of young recruits, whatever their profession (<http://www.psycom.org/Soins-accompagnements-et-entraide/Professionnels-de-la-psychiatrie>). On the international level, since the major reforms in psychiatry, the reduction in the number of hospital beds and the advances in neuroleptics, patients and users can live with their families or in reception facilities and lead an autonomous life with the social activities of citizens. The professional practices of the medical sector (doctors, nurses, physical therapists, etc.) have been transformed (Abbatt F-1990). These changes increasingly require the networking of professionals outside and inside the hospital, in outpatient services and the monitoring of users alongside other professionals from the social and related sectors (psychologists, teachers, social workers, home health aides, etc.).

Despite considerable efforts to improve the initial training programmes, the sectors of psychiatry and mental health continue to have little appeal for the young generation. Poorly defined, between hospital-based psychiatric medicine and the social field which bring together facilities that are heterogeneous in terms of their size, status and core activity, it is difficult for young students to understand the stakes of a professional activity that corresponds less and less to the traditional frameworks and norms of the biomedical approach. The field of psychiatry and that of mental health suffer from a lack of clear contours, notably since the reforms of psychiatry. The necessary interaction between the actors in the field and the institutional actors complicates the legibility of the action of everyone: on the same territory, the intervention of the hospitals takes place next to that of the associative psychosocial facilities. Medical activities are moving into the social sector while retaining the intrinsic logic of their original profession, but the biosocial approach requires flexibility and multidisciplinary. Work situations are becoming increasingly complex, and professional practices in a systemic world have to be increasingly multisectoral.

In this context, this paper proposes to present a form of response offered by the European TuTo programme to the vocational crisis in this evolving professional activity sector. It lays out the methodology of its evaluation and draws up an initial assessment of the TuTo project's first year of activity.

### **Context of the TuTo project**

Financed by the European "Erasmus+, Strategic Projects" programme, the TuTo programme (2014-2017) consists of a European tutoring process designed to develop the competencies of young psychiatric and mental health

professionals. It is widely recognised that, in Northern and Western Europe, the human resources of these activity sectors are facing a shortage of practitioners, nurses, psychologists and psychiatrists. In light of the inverted age pyramid - narrow at the base and quite broad at its apex - it is important to work on offsetting the massive retirement departures due to the ageing workforce by passing on experiences to the younger generation. This isn't something that takes place automatically; instead, specific actions must be organised. This shortage of practitioners, nurses, nurse's aides and psychiatrists in the Mental Health field is also caused by professionals who are tending to take early retirement.

### ***1.1. An ambitious task?***

The TuTo project fits within an approach of prefiguration and reorganisation of the meaning, contents and conditions of initial and continuing education of psychiatric and mental health professionals. It touches on the changes necessary for lifting the qualifications of the young generation in Europe. TuTo proposes new forms of encounters and exchanges on the themes of complementarity, transmission and the development of multiple intelligence (Gardner Howard - 1998). The task may seem ambitious. Indeed, what does it mean to train the young generation of psychiatric and mental health professionals in a complex society whose work organisations are mutating at an ever-increasing rate? What educational actions should be promoted in order to meet the challenges posed by the acquisition of latest-generation skills? How can Human Resources managers participate in an eccentric vision of the qualifications with regard to clarifying all of the social and political fields of other European Community countries?

TuTo defends the vision of a young professional capable of responsibly and innovatively participating, getting involved, engaging in his professional life to the benefit of psychiatric and mental health users and not that of a docile young person subject to regulations and work procedures and dependent on the decisions of a controlling hierarchy. What value system is the TuTo project based on? It rests on the concept of enlightened and critical citizenship that defends the idea of shared values in the formation of a community of professionals. These values are of various natures: financial values, philosophical values, values of exchanges and respect. (IUFM - 2001). We know that these values are "*plural, diverse, changing*", it is important to exchange, to encounter the other without prejudices, without clichés (Coste D-1997).

The objective of the TuTo programme is to increase the level of competencies of young employees by developing the attractiveness of the psychiatric and Mental Health professions: the motivational dimension of young professionals is taken into account through a better participation in their personal development and their fulfilment at work. The establishment of an inter-generational link for transmitting formal and informal knowledge makes it possible to facilitate the socio-professional integration of young employees. The project smooths the way for young people in training to find flexible and high-quality jobs.

The TuTo project consists of proposing to young employees in the psychiatric and mental health sector to take part in a tutoring process that extends over a 3-year period. Inaugurated in January 2015, this programme concerns various psychiatric hospital centres and mental health facilities in Europe. The TuTo project is supported by the expertise of partners from 6 European countries: Germany, Belgium, Spain, France, Greece and the Grand Duchy of Luxembourg. It is composed of psychosocial facilities, psychiatric hospitals, training and research centres, university departments of Public Health and Social Psychiatry.

This initiative permits young professionals, who we will refer to as “the tutees”, to expand their horizons in various European centres of excellence from the 6 European TuTo partners’ countries - which are being joined by Sweden, Iceland and Switzerland with numerous host institutions. A total of 11 countries are cooperating in the TuTo programme.

Guided by an experienced tutor, the tutee benefits from the intergenerational transmission of expertise. In addition, a training sequence makes it possible to acquire knowledge and know-how through academic instruction, but also by being inserted into workplaces throughout Europe. In order to understand the specificity of the mental health sector and of the training of these professionals, the field experience of seasoned professionals is mutualised. It puts the tutees into contact with the users and enables the young professionals to meet people of other nationalities, to transmit knowledge and to enhance their own knowledge while expanding their career horizons and acquiring new work experiences. This project combines didactic training in a tutoring process: university instruction and courses linked to practical training, face-to-face contacts with professionals and users.

## ***1.2. An open training cycle***

The project’s main objective is to offer to young professionals an open training cycle in several European countries. This training is original in that it

simultaneously proposes more professional openness, exchange, sharing, encounters and mobilities.

Operationally, the one-week sequences are organised once a year over 3 years. The tutee chooses his host organisations in a file put together by the project team. A contract binds the European coordinator, the national coordinator, the tutee and the host institutions. Drafted in French and English, it describes the stakes of the project but also sets forth the obligations and constraints of the parties.

The week of travel abroad is a key moment in the system. The standard programme validated by the partners makes it possible to organise this week in successive sequences. One day is generally devoted to discovering the context and public policies that structure mental health in the host country. It is also important to present the host institution and situate it within the mental health network. Analogies are sometimes drawn up, a lexicon of basic terms is often required. This day permits the tutee to acquire an overview - political, economic and clinical - without which it would be difficult to understand the system(s) visited. Another day is often devoted to the network of partners with whom the system interacts. The goal here is to decompartmentalise and to understand the ecological functioning of the system. One half-day is devoted to cultural aspects, another to the evaluation of the week in terms proper to each facility. The remaining time is devoted to concrete work experiences and encounters with professionals and users in the field.

This programme is adapted in accordance with specific local, cultural, linguistic and sociological features. In other words, the wishes of the tutees and the geographical (but also daily work) specificities of the reception sites do have an impact on this standard programme and keep it flexible and open.

### ***1.3. A conceptual anchoring of public mental health***

The TuTo programme is fully in line with the determination of the WHO in its “Mental Health Action Plan 2013-2020”, which emphasises the necessity of integrating and adapting care to the current needs of the population with qualified professionals. It also fits into an approach to physical and mental health promotion that is supported by the Ottawa Charter (WHO-1986). In 2005, it was followed, notably, by the work of the European Union and the publication of the Green Paper “Improving the mental health of the population: Towards a strategy on mental health for the European Union”. “*The purpose of this Green Paper is to launch a debate with the*

*European institutions, Governments, health professionals, stakeholders in other sectors, civil society including patient organisations, and the research community about the relevance of mental health for the EU, the need for a strategy at EU level and its possible priorities”.*

These advances in institutional awareness are important: they mark a major strategic step and demonstrate that progress is possible in the field, for the actors directly linked to persons suffering from psychiatric difficulties. They also demonstrate the necessity of training them properly.

But what are the major founding principles for improving professional practices so as to take better account of the users?

We propose to consider the evaluation of the TuTo project process and the reflection engaged in light of the recommendations of the Ottawa Charter, (WHO-1986 and Deschamps JP-2014) which is based on five major principles.

Each principle asks about the place and the role of the health actors, the professionals and their initial and continuing education.

## **I. CREATE ENVIRONMENTS THAT SUPPORT GOOD PHYSICAL AND MENTAL HEALTH**

This principle engages the political institutions in macrosociological terms, in terms of a strategy to improve the living conditions of individuals and permits the professionals to encourage a supportive and beneficial framework. The TuTo programme encourages the elaboration of positive environments for the good physical and mental health of the professionals and the users: it is positive and favourable to exchange, to learn, to contribute one's views and experience in culturally different European frameworks and policies, as the TuTo project proposes.

## **II. ELABORATE HEALTH POLICIES**

Promoting mental health and preventing mental illness within a population means going far beyond the demand for care provision and services. The political and institutional actors must harmonise the framework and the public policies, notably by developing adequate training cycles in physical and mental health so as to intervene not solely in the world of the psychiatric hospital, but outside it in the urban setting. Innovation with regard to training of newcomers in the psychiatric and mental health sectors accords with this prescription of working out a policy for physical and mental health. Let us note that the Ottawa Charter is addressed to decision-makers and

fundlers. The European Erasmus+ Strategic Projects Fund adheres to this approach by financing the TuTo programme.

### **III. STRENGTHEN COMMUNITY ACTION**

The social fabric is disintegrating, a variety of factors are making vulnerable groups and individuals ever more fragile. The community participation movement is becoming increasingly powerful in democratic systems, and professionals need to know how to play a preponderant role by encouraging networking within the community and attempting to be effective so as to perceive and respect the values of each group. The importance of the associative sector attests to the reality of community approaches and professionals must be properly trained to play an interface role in the triptych: users/community/care and social professionals. The TuTo programme is designed in such a way that the links between professionals and community of users are interactive in terms of bringing in experiences.

### **IV. DEVELOP PERSONAL SKILLS**

This means strengthening the competencies of individuals and making them more autonomous (WHO-2012). Whatever the impact of biological, sociocultural and economic determinants on the degree of mental health of individuals, it remains important to help patients and professionals to acquire the knowledge and practices necessary to deal with and control their environment and make favourable choices. It is the professionals on the front line who must assume this knowledge transfer role so as to get users to adopt positive skills. The TuTo programme permits the participants to develop the individual psychosocial skills of young professionals by favouring European and intercultural exchanges.

### **V. REORIENT HEALTH SERVICES**

This is a matter of working upstream in order to reduce the flood of problems, reorienting health and social services in order to give more room to promotion and prevention activities. We are no longer in the biomedical logic where the all-powerful physician decides from his medical practice or his hospital ward; we are in an open, biosocial logic where each profession in the care and psychosocial accompaniment process is genuinely involved in the promotion of mental health. The networking of complementary professionals must be encouraged, and the professionals need to be trained for this. The TuTo programme is participating in the construction of a new professional culture and identity. It encourages a macro-vision of the profession and



integrates it into an updated approach that takes account of multiple and systemic elements.

A synthesis with regard to the mental health promotion concept of the Ottawa Charter and of the European Union's Green Paper is one way of saying that the reflection engaged in can only develop in order to give even greater meaning to the action of professionals to improve their practices.

## **Evaluation methods**

Considering the fact that the evaluation is not merely a means to obtain valid information on the strengths and weaknesses of the project, the evaluation phase of the project measures the attainment of the objectives and the satisfaction level of the actors, with regard to the joint construction and implementation of the project. Evaluation takes place not just at the end of the project, but throughout its implementation. Indeed, the evaluative part of the TuTo project is designed to evaluate the project process. The methodological framework seeks, via a participatory approach, to federate the project's partners towards a common culture and a system of shared values on the fundamental objectives of the training project for new professionals.

At the end of the TuTo project, on the basis of an analysis of the project's internal documents and communication materials and interviews with the main actors, the project will be evaluated in both its qualitative and quantitative dimensions. Integrating the major health promotion principles of the Ottawa Charter (WHO-1986), an evaluation grid of the tutoring actions, already developed, makes it possible to jointly construct the quality criteria and targeted requirements. The evaluation is intended to become a methodological engine for building a network of European partners who share the same training reference systems and the same culture of mental health promotion as understood by the Ottawa Charter, within a context of vocational crisis.

The mid-term evaluation concerns the launch of the first exchanges of tutored professionals: first interviews and discussions were conducted with partner actors of the project. The work documents of the implementation are being studied, these are documents that present the project, the press kit, the reports on transnational meetings, the Portfolio and the completion of the evaluation grid.

This first mid-term evaluation can serve as a guide to the project's actors and decision-makers, making it possible to review the objectives, to develop

the programmes in other places, to reduce, increase or redirect financial and/or personnel resources.

Meetings with the project manager made it possible to define the scope, objectives and methods of this mid-term evaluation phase.

This interim evaluation work doesn't seek to be exhaustive. For Green et al., there are three levels of evaluation: the process, the impact and the outcomes. (Green LW et al., 1986). Our paper can only deal with level 1.

- **Level 1: The evaluation of the process** focuses on the professional practice: the technical quality, the organisation of the action, the relations established between the partners and the population of professional tutors and tutees. Our interim evaluation mission makes it possible to show a part of this process and to perceive the quality of the action, the professionalism of the actors and the achievements at this stage of the project.

- **Level 2:** With regard to **the evaluation of the impact** of the awareness-raising action, it appears difficult to measure the immediate impact of the TuTo programme on the knowledge, attitudes and behaviours of the targeted professionals. This type of evaluation can only be done long-term, in order to verify to what extent the tutoring actions have resulted in the hoped-for outcomes. What do the psychiatric and mental health users say about the new-generation professionals? This evaluation mission does not seek to encounter the users.

- **Level 3: The evaluation of the outcomes** of the project concerns the final intellectual productions foreseen in the project as well as the assessment of the whole. The outcomes cannot yet be evaluated at this stage in the project calendar.

### *2.1. The instruments used: approach registers, interview grid, selected indicators*

The objective of this mid-term evaluation is to define the process and quality of the actions conducted by a macrosociological approach, based on three registers (Baba-Moussa A, Nache C-2010):

- **Adequacy register** based on the analysis of what is induced and built by the project: Reports, objectives, contents, interviews with the actors.

- **Effectiveness register** based on what is built and produced: Attainment of objectives, adequacy of fit, mode of intervention/beneficiaries.

- **Relevance register** based on what is induced and built: Satisfaction of the actors, transformations of practices, contribution of each. Do the objectives of the TuTo project really correspond to needs identified as having priority during the preliminary assessment?

The last register, that of relevance, corresponds to the evaluation of the outcomes in the model of Green et al. (op. cit.) and it cannot be fully evaluated. Indeed, it will be difficult to measure changes in behaviours at this stage of the project, notably because all of the tutoring actions are still ongoing. The effective implementation of all of the components of the project will make it possible to better know the relevance of the overall programme.

At the end of the project, to give it a comprehensive evaluation, discussions will be conducted using a grid developed around 6 operational elements for a micro-sociological approach (Nock F-2007). Each project actor interviewed may express his point of view, his assessment of the criteria and indicators selected for the evaluation. Interviews will be conducted, notably with the director of the TuTo programme.

The **6 assessment elements and the criteria** of the evaluation of the interview grid are the following:

- **The public, the population involved:** The objective is to define the mobilisation of the professionals, tutees and tutors and to determine, via the interviews of the individuals heard, the general level of satisfaction with the project.

- **The partnership:** The objective is to understand the composition and the adequacy of fit vis-à-vis the project. Are the members of the project team involved? What commitment to the project do they demonstrate? Is the satisfaction within the framework of this collaboration measurable? What link exists between this TuTo project and other projects that bring together some of the partners?

- **Information and communication:** A project's entire success is built within a communication dynamic. We will observe:

- The quality of the internal communication, between the partner actors of the TuTo project, between the actors receiving the young professionals and the actors external to the project, but involved in its operational implementation,

- The quality of the communication aimed at the tutees, the professionals targeted by the intervention: the nurses, psychologists, teachers, doctors, etc.,

- The quality of the external communication, meaning the communication aimed at actors external to the project, sector of psychiatry

professionals and education of the partners, and involved in its success, and notably the funder of the action: European Agency.

- **The implementation:** We are interested in the quality
  - of the project's methodology,
  - of the materials used,
  - of the material and organisational conditions in the implementation of the project,
    - of the event and conferences organised in partner countries, within the framework of this reflection on the practices and training of psychiatric and mental health professionals.
- **Human resources:** This indicator makes it possible to define the distribution of the personnel allocated to this project, the adequacy of the fit between the human resources mobilised and the needs identified for the implementation of the project. We also explored the satisfaction of the actors, learning of their contentment and their involvement with regard to participation in this project.
- **Follow-up of the project:** This indicator instructs us about the quality of the project's coordination, as well as about the respect of the calendar and of the projected budget. It is also interested in the pedagogical dimension of the project with the formation of a jury to assess the courses held and evaluation of the written and oral productions of the tutees.

### **Quality indicator, assessment slider and interview grid**

Our intention is to construct, for each indicator, a quality criterion in the form of a slider: by asking the persons heard, at the end of each response relating to the assessment elements and to the criteria, to measure the quality of this criterion on a scale from 1 to 5: i.e. 1 = very inadequate and 5 = excellent (Table 1).

#### ***2.2 Gathering data***

Our mission of qualitative evaluation amounts to casting an ethnologist's eye on the achievements of this project. From the perspective of gathering data, our work consists of field observation, encounters/discussions with various actors of the project (group meetings and individual interviews), readings of documents relating to the project (documents for constructing the project, communication plan of the project, Portfolio, etc.) in collaboration with the documents structuring the current Mental Health system (WHO-1986, WHO-2013 and European Commission 2005).

Following the first mobility week from 28 September to 3 October 2015, work was conducted in order to evaluate various aspects of this training

cycle. Semi-directive interviews were conducted, in focus groups, with the first class of tutees in order to define the items of a general questionnaire for evaluating the first period. The validated areas of evaluation correspond to the five major items of the assessment grid presented in table 1.

20 of the 27 tutees returned questionnaires that were then processed by a working group from the Haute Ecole en Ressources Humaines de Namur independent of the project. Most of those surveyed are nurses (45%) and there were also 4 teachers, 2 social workers, 2 therapists, 1 nurse's aide, 1 psychologist and one researcher. A majority of the trainees are in the age bracket from 20 to 35 (65%). The other are between 35 and 50 years old.

**Table 1**

**Interview grid**

Assessment elements	Criteria - indicators	Quality indicators	Comments
<b>Target public</b> <b>Tutees</b> <b>Tutors</b>	Define Number of enrollees	1-2-3-4-5	
	Frequentation - Regularity	1-2-3-4-5	
	Involvement of the tutors	1-2-3-4-5	
	Involvement of the tutees	1-2-3-4-5	
	Satisfaction	1-2-3-4-5	
<b>Partnership</b>	Composition - Adequacy of fit	1-2-3-4-5	
	Involvement - Commitment	1-2-3-4-5	
	Satisfaction	1-2-3-4-5	
	Link with other European projects	1-2-3-4-5	
<b>Information</b> <b>Communication</b>	Quality of information	1-2-3-4-5	
	Communication between partners	1-2-3-4-5	
	Communication between actors	1-2-3-4-5	
	Communication education world	1-2-3-4-5	
	External communication	1-2-3-4-5	

	International scientific communication	1-2-3-4-5	
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<b>Human resources</b>	Distribution of the human resources	1-2-3-4-5	
	Adequacy relative to needs	1-2-3-4-5	
	<b>Satisfactions of the actors:</b>		
	Tutors	1-2-3-4-5	
	Tutees	1-2-3-4-5	
	Satisfaction of the partners	1-2-3-4-5	

<b>Follow-up</b>	Quality of the coordination	1-2-3-4-5	
	Respect of the calendar	1-2-3-4-5	
	Respect of the budget	1-2-3-4-5	
	Quality of the productions of the project	1-2-3-4-5	
	Tutees	1-2-3-4-5	
	Events conferences	1-2-3-4-5	
	Intellectual productions	1-2-3-4-5	
	Scientific and professional articles	1-2-3-4-5	

## The outcomes

### *3.1 Assessment elements and Indicator 1. The public, the population*

The TuTo project is based on a participatory approach of the professionals: it consists of creating dynamics of didactic exchange between young professionals and more experienced professionals from a different European country.

Concerning the involvement of the actors of the programme, the professionals recognise their keen interest for this project which develops extremely positive relationships of trust and apprenticeship. Indeed, in addition to raising awareness about the problematic of the evolution of the

psychiatric and mental health professions, this project offers a genuine added value for the professionals: intercultural exchange. There is great “human and social” interest in this project which involves young professionals who often have had little contact with other Europeans, apart from during their studies or while on holidays.

However, all the tutees surveyed acknowledge that there were different levels of mobilisation amongst the tutors: on the whole, “*some are very cooperative, while others are less so*”. This reality became particularly clear when it came to their commitment to preparing the visits or arrivals of the tutees.

Was the information sent out in time and were the informational meetings held? Were they prepared in advance with the actors of the project?

It turned out that the services were under great time pressure for finally receiving the young professional in good conditions: Wasn't it possible, for the actors in the field supporting the project, to intervene directly by organising the consultation and by assisting the receiving service to define together a more favourable place for working with the tutee?

### ***3.1.1 The tutees***

The first class of young tutees is composed of 27 professionals. They will be joined shortly by over twenty new professionals eager to join the system in the second class.

The professions represented in the 1<sup>st</sup> class are varied and the geographical diversity of origin of the tutees is substantial. This distribution corresponds to area 4 of the Ottawa Charter, which advocates reorienting the health services. It highlights the necessity of openness vis-à-vis professions other than those of the medical. This multidisciplinary of psychiatric services is salutary for building an open European vision of mental health and psychiatry (Table 2).

The tutors generally have the same profession as the tutored young professionals who are received. The criteria for selecting the latter bear on the experience and teaching abilities for transmitting knowledge and experience.

### ***3.1.2 Satisfaction***

When asking the tutees to describe their TuTo experience, their first words are all very positive: “Interesting”, “enriching”, “fantastic”, “rich”, “perfect”, “strengthening”, “excellent”, “satisfactory”. 95% of them wish to

repeat this experience in order to continue to learn, enrich themselves and discover new approaches. This project is regarded as a unique and very interesting experience. According to a majority of them, the two most important elements for the success of the tutoring traineeship are the reception and the preparation for the traineeship. Finally, the average level of satisfaction established by the trainees who participated in the Erasmus+ project is situated at 8 out of 10.

**Table 2**

**Distributions of the tutees by professions, country and sex**

Professions	Germany	Belgium	Spain	France	Greece	Total
Nurse		7	1	2		10
Teacher				4	2	6
Nurse´s aid				1		1
Pharmacist	1					1
Psychiatrist	1		1			2
Psychologist	2		1		2	5
Speech therapist					1	1
Social worker					1	1
Total	4	7	3	7	6	27
						18 women
						9 men

The tutors generally have the same profession as the tutored young professionals. The criteria for selecting the latter bear on the experience and teaching abilities for transmitting knowledge and experience.

### ***3.1.3 The specificity of the project***

Most of the trainees (60%) find that the tutoring system contributes an added value to the project. They consider that the tutoring system serves as a support and aid for the project, but also makes it possible to reassure the trainee. With regard to improving the tutoring system, one trainee proposed



creating a Facebook account for all of the participants in order to develop a prolonged exchange and a continuing apprenticeship.

### ***3.1.4 The extra-traineeship activities***

For most of the trainees (60%), cultural activities and/or outings were organised during the five days. A large number of them (85%) find that it is important to engage in activities outside of the traineeship. This is essential for establishing connections with the other professionals of the host institution. It is also enjoyable and relaxing to visit the city, especially when they have a bit of free time. Several people emphasised openness to culture of the host country so as to become better acquainted with the vision of the professionals on site and develop their general culture.

### ***3.2 Assessment elements and Indicator 2: The partnership***

The partnership brings together 6 partners from 6 European countries. These are professional actors in mental health or psychiatry: a psychiatric hospital, Belgium, a Federation of mental health support facilities, France, a private psychological Centre, Greece, an associative centre, Spain, a public research centre specialised in public mental health, Luxembourg and a university department of psychiatry, Germany.

The central role in this project is held by the team of the CNP Neuropsychiatric Hospital in Belgium which constitutes the mainspring in the project's coordination. The tasks are well distributed, the staff is qualified, dynamic and appears to be close-knit, mutually supportive and federated.

The professions of the employees of the CNP involved in the project primarily include psychiatric medicine, nursing and international relations. Thus to lead such a project the CNP was joined by other disciplinary competencies, such as expertise in education and training with the Haute Ecole de la Province de Namur as local partner. Indeed, the macro vision of these combined forms of expertise makes it possible, upstream of the project, to list the actors and the possible alliances at such and such stage in the project and to negotiate as one advances for a more effective approach.

### ***3.3 Assessment elements and Indicator 3: Information and communication***

The internal communication between actors of the project appears to be satisfactory to the project team. One finds that there are many informal exchanges internally between the partners of the six countries, which do not hesitate to spontaneously contact one another via a LinkedIn account, Dropbox, Skype, telephone. The quality of the information is good and the project team is dynamic.

#### ***3.3.1 Transnational meetings***

Transnational meetings play a decisive role in the good management of the project. They are essential moments for fine-tuning the process and making collegial decisions. Six meetings were organised midway through the project: three in Paris, two in Dave in Belgium and one in Athens. Three new meetings are already planned in Spain, Germany and the Grand Duchy of Luxembourg. These meetings bring together the members of the Steering Committee as well as experts in the fields of education, psychiatry and human resources. They also make it possible to meet on site the project's local players and thus to regulate the training actions by continuously adapting the system as a function of the specific cultural characteristics so as to take account of the initial evaluations and achievements.

#### ***3.3.2 Dissemination events***

In addition to the transnational meetings that bring together members of the Steering Committee and experts, dissemination events are organised locally in order to spread the news about the project but also to propose a focus on a particular theme concomitant to the project.

Four dissemination events were organised over 2015:

- ✓ Press conference for launching the Erasmus+ TuTo project
- ✓ CNP Saint-Martin, Dave;
- ✓ Leave a trace, CNP Saint-Martin, Dave;
- ✓ Workshop: Burnout of Mental Health professionals
- ✓ Loft of Evangelismos Hospital, Athens;
- ✓ Professions and training courses in the mental health field

✓ Ministry of Social Affairs and Health, Paris.

These events brought together between 47 and 127 participants who largely came from the fields of psychiatry and mental health, although these events, which are open to a broad public, also attracted many actors from the political, educational and cultural worlds as well as mental health users.

These dissemination days make it possible to spread scientific knowledge relating to the theme of the project and to interact with young professionals who might benefit from this system. The objective, broadly conceived, is to raise awareness about the theme as well as to consolidate a network of exchanges. They correspond to the strengthening of community action advocated by the Ottawa Charter (WHO-1986).

Three other dissemination events are already planned, one for June 2016 in Spain, and the two others in 2017 in Germany and the Grand Duchy of Luxembourg.

### **3.3.3     *Quality of the organisation***

#### **Preparation of the traineeship**

All of the tutees were informed of the project via their employer establishment. For most of them (95%), the choice to participate in the tutoring traineeships was personal, not imposed. The motivations for participating in TuTo have to do with discovering other practices in their field of work and deepening their knowledge in their position. But there are also other reasons, such as meeting other professionals, exchanging knowledge and the appeal of travelling. Most of the trainees consider that the assistance from their establishment was appropriate. Indeed, thanks to meetings, and with the aid of their institution, the preparation went well. On the other hand, for 20% of the people the general information and the information on the financial level was inadequate. Before leaving, several participants (15%) had certain fears linked to the reception at the traineeship establishment, the difficulty of dealing with the foreign language, and anxiety about poorly performing the required tasks during the traineeship.

#### **Sharing information**

The materials received during the tutoring traineeship week were evaluated positively by a majority (85%) of the trainees, and deemed useful by most of them. These materials supplement the information received orally. They also make it possible to obtain the information necessary for doing the

Portfolio, but also to back up the information transmitted to colleagues of the trainees upon their return.

### **The Portfolio**

Concerning the Portfolio, 60% of the people began to complete it and find it useful for the traineeship supervision. It makes it possible to improve knowledge and helps to organise oneself because it gives a great deal of valuable information. A majority of the tutees did not experience difficulties with completing it and find that the instructions are comprehensive. Nevertheless, 40% of the young professionals have not yet clearly understood the utility of this document. These individuals find that it is a very long and sizeable work with requirements that are too imposing for such a brief traineeship. 68% of the tutees would like to have the assistance of a tutor to do the Portfolio. This question must be discussed with the project's partners in order to make the work demanded more of a learning experience. Let us note that the requirement of the production of a written document forms part of the objective of following the evolution and the assimilation of the skills acquired by the young professional. The Portfolio serves to analyse the practice by coordinating the intervention of the tutors at each phase in order to do interim assessments and a final evaluation.

#### ***3.3.4. Implementation in terms of quality of the methods, supports, material and organisational conditions***

All of the partners acknowledge the quality of the project management in the implementation of the project.

The quality of the work materials intended for the tutees and the tutors is good. Several of those surveyed nevertheless propose improvements, notably with respect to the Portfolio that we just mentioned.

#### ***3.4 Assessment element and indicator 4: human resources***

The composition of the project team with the 6 multidisciplinary partners from 6 countries and the extension to other additional reception partners is an excellent initiative that further broadens the tutoring offer. This nevertheless demands greater organisation and multiplies the administrative, pedagogical steps and the logistical issues (transportation, places to stay, etc.).

The management of this project is open and participatory, which generates strong cohesion within this project team. One senses a good working atmosphere, the work organisation here is clear for all, everyone

knows what he has to do. The qualification level of the personnel is high, which encourages a good involvement and an understanding of the stakes of the project.

### ***3.4.1 Reception and looking after***

A majority (80%) of the trainees felt that they were warmly welcomed and well looked-after by the host establishment. Nevertheless, some (5%) had the feeling that the tutor did not know the project well enough or (5%) that, as tutees, they felt like a “fifth wheel” within the host institution. With respect to the preparation for the arrival of the trainees, most (85%) of the trainees had the feeling that the host establishment was ready for their arrival.

### ***3.4.2. Logistics***

For most of the trainees (95%), getting around on site did not pose any problems and they are satisfied with the means of transport. They appreciated the fact that the transports are organised by the establishment, when this was the case. With respect to the type of housing, half of the trainees were lodged within the establishment or in a hotel. The other half rented an apartment or had private accommodation. 70% of the trainees had chosen their own housing, versus 30% who did not have a choice. More than 90% of the participants were satisfied with their accommodations and were happy to have been able to choose it.

### ***3.4.3. The exchange after the traineeship***

Three-quarters of the trainees had the opportunity to give feedback on their first week of traineeship to their hierarchical superior.

#### ***Assessment elements and Indicator 5. Follow-up of the project***

According to those surveyed, the work of coordination between the partners is satisfactory. It is the pedagogical question of the Portfolio that must be improved for the follow-up and improvement of the project.

Moreover, to respond to the spirit of the Ottawa Charter on the principle of multidisciplinary and reorientation of health services, the bearer of the project must encourage the “partner host institutions” to further develop the contacts with professionals outside the hospital, in order to construct a multisectoral approach open to the city and its realities. The link between the hospital institutions and the city are now inevitable since the progressive introduction of psychiatric reform in Europe: it advocates

abandonment of “the asylum” in favour of a rehabilitation of patients in social life. To deal with this situation, the professionals must continue to develop new practices that link together the two fields of the medical and the psychosocial.

## **Discussion**

Within a context of vocational crisis and reconfiguration of the psychiatric and mental health professions, with the TuTo programme we presented a type of modality. We have tried to show how TuTo is proving to be an answer that prefigures the necessity of regarding the exchanges and interactions with professionals from other European countries as an additional continuous training opportunity. Within the open framework of the Ottawa Charter for health promotion, the TuTo programme makes it possible to develop the qualifications of young psychiatric and mental health professionals. The mid-term evaluation highlights the areas of adjustment in order to federate the partners around a common vision based on the principles of the Ottawa Charter (WHO-1986): It is essential to train young care and social professionals so as to decompartmentalise therapeutic activities and those of mental health prevention and promotion for a modern and European public mental health system that can deal with vocational crises in an increasingly complex economic context.

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