

Seeing Differently, Thinking Differently

by Anna Stenning

"Study tours challenge you, and encourage you to bring good practice back." Study Tour Participant.

Participants in the Whole Life Programme undertook a series of specially arranged study tours around Europe. The tours offered opportunities to experience innovative, community-focused mental health care in other European settings as offering progressive services. Participants were encouraged to focus on the values and principles underpinning what they saw.

The feedback from the study tours (below), and the principles made explicit by the service providers, reflect different ways of looking at recovery, having genuine community involvement, consistency of care, and a person-centred approach. Participants in Whole Life study tours have included managers, clinicians of all professions, social care staff, (including support workers), service users and carers. Visits have taken place in Italy, Spain, Sweden, Ireland and France.

MONAGHAN, Ireland

Between 1995-1998, Cavan/Monaghan agreed a new service model, based on local research and a review of relevant models abroad.

New services were founded on the following principles:

- The centrality of patient's needs and rights.
- Specialist services for specific patient groups.
- The delivery of individualised effective treatment packages in the setting of home and family.
- Minimum use of inpatient beds.

The aims behind these services



were:

- To enable patients with severe and persisting mental illness to reach their highest possible level of functional independence.
- To provide the level of care and support to such patients that is appropriate to their disablements.
- To provide the informal carers of such patients with the knowledge, skills and support necessary, to assist them in their caring role, and to minimise the stress associated with that role.

The philosophy that underpinned this was to provide individualised care programmes for patients and carers, based on identified need and implementation, as much as possible, in a non-institutional setting.

The model would provide:

- One point of access for all acute referrals to General Psychiatry.
- Multidisciplinary assessment of all referrals.
- Individualised care plans.
- Allocation of Key Workers to patients.
- Integration and shared case management.

- Close working relationships with GPs.
- Liaison with voluntary organisations, self-help groups, carers' groups and community groups.
- The development of a home-based acute nursing service as an alternative to the use of admission beds.

TRIESTE, Italy

Franco Basaglia began working at the Trieste Psychiatric Hospital in August 1971. He believed that in order to provide care in a humane way, it was necessary to:

"redefine relationships, discover new spaces, make the subject emerge." (Dell'Acqua, 2001).

The motivations behind the 'humanisation' of the services in Trieste included the following:

- Shutting down the psychiatric hospital as a criticism of the practice and culture of clinical psychiatry.
- The construction of a network of services.
- 'The person, and not the illness' situated at the centre of the search to create therapeutic, rehabilitative, and emancipatory processes.

Today, the Mental Health

Department in Trieste offers four mental health centres, (equipped with 8 beds each, and open around the clock), plus the University Clinic, a service for rehabilitation and residential support (11 staffed group homes), a day centre including 6 creative workshops, 13 accredited social co-operatives (see below), and a small unit in the general hospital service, for diagnosis and care.

According to the World Health Organisation:

"The Italian city of Trieste has created an impressive network of community-based services, protected apartments and co-operatives employing mentally ill persons. These centres provide medical care, psychosocial rehabilitation, social assistance and when necessary, treatment of acute episodes. A number of protected apartments providing a 'non-medical' and friendly environment for the most severely and chronically ill were created. Finally, work opportunities have allowed many patients to secure substantial integration into community life." Extract from Stop Exclusion 'Dare to Care' (2001)

LILLE, France

Here, the general philosophy is to provide treatment and accompaniment. The facilities and services on offer include:

- The Maison Antonin Artaud, which deals with emergencies.
- There is a municipal social welfare centre also providing mother-and-child care consultation, sport health consultation, and a social welfare service.
- A branch facility in the Centre Medico-Sportif (sport health centre), in the swimming-pool premises in Ronchin, and another in a medical centre in Mons en Baroeul. A third is to be opened in a social welfare centre.
- A therapeutic workshop in the Centre Frontières in Hellemmes, which is linked to a contemporary art gallery which opens onto a busy street in the town. This opportunity is used as an option for those in 'acute

distress'. The art gallery is subsidised by the Regional Authority for Cultural Affairs

- Via workshops in the fields of plastic arts, aesthetics, computing, sport, dance, music, singing and video, the aim is to diversify the offer, and to open up to leisure activities. The groups are led by artists and supervised by nursing staff. For activities organised by the school for self-expression by movement in Villeneuve d'Ascq and the dance association in Lille, groups are mixed, in that they cater for psychiatric users alongside people from the general population.
- Inpatient facility - ESPM Lille-Metropole in Armentieres.

Many of the participants on the study tour to Lille were impressed by the 'therapeutic family stays scheme,' whereby members of the community opt to host people with experience of mental illness/distress in their homes. The scheme involves families accommodating stabilised patients in the long-term, and other families providing accommodation and support as an alternative to hospitalisation. In the latter situation, the patient is experiencing an 'acute episode' and directly after consultation, or in a secondary strategy after hospitalisation, remains with the family from a few days to a few weeks. The instructions given to the family are to take the person into their homes, not to provide care. A nursing and educational team care in the course of home visits (management of treatment, organisation of therapeutic activities, consultations in the sector). The families are full partners in the care team.

STOCKHOLM, Sweden
"Good psychiatric care , on the basis of the needs of the individual, from a holistic perspective. A fundamental principle of care is to be the maintenance of continuity in the treatment of the patient. Great importance is to be attached to a method and approach which integrates outpatient and inpatient care ..."
Psychiatric Care (1999)

ASTURIAS, Spain

Mental Health reform started in 1983 from a regional psychiatric hospital with 1,000 beds. The reform process was made

following the principles of community psychiatry.

Today, Asturias has a network of community services: 15 mental health centres that take into care all the mental health referrals from primary care. It is completed with 4 specialised teams in child psychiatry, 5 community units to treat drug addiction problems, 6 day hospitals, 4 therapeutic communities (halfway houses), 5 acute psychiatry wards in General Hospitals, 2 detoxifying hospital wards, 2 day hospitals treating eating disorders, 1 hospital ward treating eating disorders and a residential unit in the old psychiatric hospital with 90 beds. It also has a network of labour and job education and rehabilitation programmes.

Participants were asked to consider the following themes when offering feedback on the Study Tours:

- Experience of the service users, including the contribution of the service to their recovery process.
- Interface with other local services.
- The vision, philosophy and culture of the service.
- Clinical and social outcomes.
- Operational practice.
- Examples of positive practice.
- Obstacles.

COMMENTS FROM STUDY TOUR PARTICIPANTS:

On Monaghan

"I've worked for many years in mental health and it's the first time in years I've felt there's a real change occurring."

"I noticed that teams responded quickly and intensively to crisis, there were smaller case-loads, and that they worked as a team – they weren't protective of their roles."

"There's more community and family support than here."

"Differences I noticed included a real enthusiasm ... [they were] better staffed, [had] good working relationships, were very relaxed and practical, and they engaged well with the community in general. [They] weren't encumbered with paperwork – good service-user group – hospitality was

great and they were very supportive of their nurses."
 - Rob

"Despite having clinical teams that are predominantly Medical/Nursing in content, [at Monaghan] there is a real focus not only on excellent medical and psychological treatments, but also on valuing user views and real social integration into local communities."

- Paul Smail (2005), Devon Partnership Trust

On Trieste

"I found I needed to really listen to what was going on and drop all thoughts and judgements to be able to understand the concepts behind their work."

"Truly enlightened services."

"What stood out was the way the psychiatrist we were with treated one of his patients who turned up unexpectedly. He greeted him warmly with a friendly hug and slap on the back and they went on to joke with each other, taking the mickey out of one another. No hierarchy here."

"They had a creativity that they nurtured and grew..."

"They threw the Mental State examination out the window - instead they have a conversation and listen to stories. Much more person centred."

"The suicide rate was very high. This has been tackled through family and community work – support lines give a true partnership and this has resulted in suicide rates dropping in three years."

"The buildings are not institutional; they are welcoming, ordinary, clean and modern."

On Lille

"Fantastic, loved it."

"What struck me was making services 'nice to know'. This has directly influenced what we have tried to do here, we have made contact with the local museum and Barnfield college to put on a

Introduction

combined exhibition. We've really thought of how to use local community in terms of making us nice to know; we've turned it around and encouraged the community to come to us by improving networking and establishing good relationships. We've shifted where we want to go and are now putting energy into a service that is progressive."

"They weren't scared by risk, e.g. [by saying] 'you are absolutely responsible for your behaviour.'"

"Over here risk seems to be about how it affects me and my registration and very little about the service user."

"In France they openly declare they are a mental health service, but here you wouldn't know, we hide what we are. They have a premise that we all have a mental health issue, the degrees are relevant."

"They take an artistic approach to mental health. Art draws out the health to help heal."

"There's a vast difference in the use of medication."

"What amazed me was their minimal use of medication. When I asked how many patients would use medication in their service, the answer is 8-9 out of ten. But when I asked how many people who had a diagnosis of 'Schizophrenia' used psychotropic drugs, they said maybe 1-2 out of ten. Now that is astonishing. In England I'd hate to imagine how many are on meds, but to hazard a guess it would be 9-10 out of 10. It made us all think about the different attitude we have."

"What really struck me were the host families, they had to have no qualification or experience in the mental health or social care field, a totally different approach to believing what helps."

On Stockholm

"I recently had to admit a client to the local unit. It was dark, dank, unclean and there was not even a curtain to separate his bed from the next. My heart broke for him. In Stockholm it was

very homely it felt like a place you could go and sit, you had your own room, privacy and personal things. As a result of this study tour, we now put funds towards what clients want on the wards."

"They take care of their people, with one clinician all through their process. We now think about encouraging family and friends to come along to the assessment."

"They seem less disabled by paperwork."

"It's so simple to treat people well."

"One of the most interesting things that I found about Sweden's services was that they were so focused on the 'whole client'...they were followed by the same team throughout their involvement with the services... keeping track of clients' care and establishing one set of notes that were kept in one place may not seem like much, but with our services our clients have assessments from each and every service they link into. This can be very disheartening for them as it is a regurgitation of the same information, and this can happen many times over."

"Another plus is that when a new patient comes into the emergency service the staff member who saw them is the staff person who will follow them through their treatment period whether long or short term."

"A person's surroundings have much to do with the rate at which they recover. In this area we are sadly lacking. It was evident in all of the facilities we saw that they put a lot of emphasis on the support, comfort and wellness of the client."

"Overall the experience in Sweden was an eye-opener and something that we can look at as a good example of mental health care."

"Well organised, with military precision. There is a clear, strong focus on recovery. Continuity of care, the Key Worker is present all

the way through."

"Tremendous sense of calm and hospitality, and the quality of the building is outstanding. There seems to be respectfulness in the relationships, with a clear split between the social services and health services."

"Evangelical, passionate leaders ..."

"There was a real accessibility of the service, providing ease of discharge and admission."

"Always being available, not fearful about resources, and didn't waste energy on who does what – instead it flows fluidly." Recovery is respectful and shows real equality and continuity."

References:

- www.monaghanmodel.com/services.htm
- Dell'Acqua, Giuseppe (2001), 'Trieste Today' Psychiatric Care, South Stockholm Health District, Annual Report 1999
- Roelandt Guesdon, and colleagues (2002), 'A psychiatric service within the community'. Centre Frontieres, Lille.
- Smail, Paul (2005) 'Whole Life Study Tour – Monaghan'
- Vanek, Wilda M. 'Italian Social Cooperatives'
- World Health Organisation (2001), 'Stop Exclusion – Dare to Care

Further stories and comments from participants in Whole Life Study tours are featured on the Whole Life website.
www.wholelife.org.uk